

Mental Health & Suicide Prevention

HEALTH PROFILE 2022

This health profile reports statistics on suicide, self-harm, mental ill-health and other sensitive topics. These statistics might be uncomfortable or distressing for some readers.

If you or somebody else is at immediate risk, please call 000. For less urgent support, help is available and can be accessed via some of the support services listed [here](#).

What is mental health?

Mental health is a state of wellbeing that enables you to deal with what life throws at you, including emotion, psychological and social well-being. It is about feeling resilient, enjoying life and being able to connect with others.

How can mental health affect us?

Mental health affects how people think, feel and act. It influences how people handle stress, how people relate to other people, and how people view themselves and the world around them. It shapes the choices people make throughout the course of their life, and has an impact on work, relationships, and physical health.

PEOPLE WHO REPORTED THEY HAD A MENTAL HEALTH CONDITION (INCLUDING DEPRESSION OR ANXIETY) (2021)

LGA	Age-standardised rate per 100 population	LGA	Age-standardised rate per 100 population
Armidale Region	9.7	Moree Plains	6.3
Central Coast	11.1	Muswellbrook	10.9
Cessnock	13.2	Narrabri	7.6
Dungog	10.6	Newcastle	12.2
Glen Innes Severn	11.3	Port Stephens	11.8
Gunnedah	8.4	Singleton	9.8
Gwydir	8.9	Tamworth Regional	11.0
Inverell	9.3	Tenterfield	10.9
Lake Macquarie	12.2	Upper Hunter Shire	8.3
Liverpool Plains	8.5	Uralla	10.6
Maitland	13.5	Walcha	6.5
Mid-Coast	11.6	HNECCPHN	11.5

EMERGENCY DEPARTMENT PRESENTATIONS

In 2018–2019 there were **17,649** emergency department presentations in the HNECC PHN region for mental health and behavioural disorders at a rate of **1,440.0 per 100,000 population**, higher than the NSW average (1,283.8).

The highest rate of presentations throughout the HNECC PHN region include Moree Plains (**2,612.6 per 100,000 population**), Muswellbrook (**2,497.3**), and Inverell (**2,198.4**).



HIGH OR VERY HIGH PSYCHOLOGICAL DISTRESS

In 2017–2018, the rate at which adults experienced high or very high psychological distress was higher in the HNECC PHN region at **13.5 per 100 population** than the NSW (**12.4**) and Australian (**12.9**) averages.

LGAs with rates of high or very high psychological stress above the HNECC PHN rate were greatest in Cessnock (**16.0**), Glen Innes Severn (**14.8**), Muswellbrook (**14.4**), Mid-Coast (**14.0**), Tenterfield (**14.0**), Maitland (**13.8**) and Central Coast (**13.7**).

HOSPITALISATIONS

In 2019–2020 there were **1,593** hospitalisations related to intentional self-harm within the HNECC PHN region at a rate of **137.3 per 100,000 population**, higher than the NSW average (**87.7**).



In 2018–2019, there were **28,497** hospitalisations in the HNECC PHN region for mental health-related conditions at a rate of **2,247.4 per 100,000 population**, higher than the NSW average (**2,048.0**). The highest rate of admissions throughout LGA's within our region include Mid-Coast (**2,684.7**), Central Coast (**2,684.0**), and Newcastle (**2,657.7**).

DEATH BY SUICIDE

Between 2016–2020 there were **855** deaths from suicide or self-inflicted injuries among persons aged 0 to 74 years in the HNECC PHN region at a rate of **15.1 per 100,000 population**, higher than the NSW average (**11.1**). The highest rates of death due to suicide among LGA's include Tenterfield (**37.9**), Muswellbrook (**33.2**) and Moree Plains (**30.7**). During the same period, there was an average of **5.1 per 1,000 potential years of life lost** from suicide and self-inflicted injuries in our region (**NSW 3.6**).



PEOPLE RESIDING IN RURAL AND REMOTE AREAS

On average, people living in rural and remote locations experience poorer health outcomes and shorter life expectancy than those living in metropolitan areas. Stigma around mental illness is a key barrier to accessing

mental health care for people in rural communities.

Access to effective mental health treatment in rural areas is limited, with barriers including provider shortages, transportation difficulties, negative beliefs about the appropriateness of treatment and the stigma surrounding help-seeking.

In 2019–2020, people living in inner regional NSW were hospitalised for intentional self-harm at a rate of **120.2 per 100,000 population** closely followed by outer regional and remote (**101.9**) and major cities (**78.0**).

In 2018–2019, people living in very remote areas of NSW were admitted to hospital for mental health related conditions at a rate of **1,684.5 per 100,000 population** followed by remote (**1,169.0**), inner regional (**903.9**) outer regional (**852.5**) and major cities (**833.3**).

In 2020, in NSW, **13.2%** of people living in outer regional and remote areas experienced very high levels of psychological distress (NSW **16.7%**).

In 2020–2021, the highest rate of mental health related emergency department visits was for people living in outer regional and remote NSW (**2,157.5 per 100,000 population**) followed by inner regional (**1,932.3**); and major cities (**1,169.3**) (NSW **1,495.3**).

In 2019, the highest rate of deaths by suicide was among people living in outer regional and remote NSW (**19.2 per 100,000 population**) followed by inner regional (**18.2**), and major cities (**9.3**) (NSW **11.3**).

AUSTRALIAN DEFENCE FORCE (ADF) MEMBERS

In Australia, between 1 January 2001 and 31 December 2019, there were **1,273** deaths by suicide among members who had served at least one day of service with the ADF since 1985. Compared to the general population, suicide rates were lower for permanently serving males and reserve males, but higher for ex-serving males and females.

Overall, ex-serving ADF members are at a higher risk of suicide than other Australians, with males **24% more likely** to die by suicide, and females **102% more likely** (or about twice as likely).



YOUTH SPECIFIC MENTAL HEALTH

The estimated prevalence of mental illness amongst populations aged 12-25 years with moderate to severe mental illness in 2018 was **10%** in the Central Coast, **9.3%** in Newcastle, **9.4%** in the Hunter, and **9.3%** in the New England.

In 2018-2019, young people aged between 15-24 years in the HNECC PHN region presented to emergency departments for mental and behavioural disorders at a rate of **2,875.2 per 100,000 population**, higher than the NSW average (**2,004.9**). Females presented at a higher rate than males (**3,238.8** and **2,520.3** respectively).

In 2018-19, the rate of hospitalisations due to intentional self-harm in the HNECC PHN region was substantially higher for people aged 15-24 years (**339.8 per 100,000**) than for all ages (**138.5**) and was higher than the NSW average (**225.9**).

In 2019-20, across Australia, the rate of hospitalisations for intentional self-harm for Indigenous Australians aged 15-19 years old was **771.8 hospitalisations per 100,000 population** (non-Indigenous **326.7**).

Factors such as family functioning, exposure to trauma and violence, and parental mental illness are associated with the mental health and wellbeing of children, and on their developmental outcomes.

OLDER PERSONS SPECIFIC MENTAL HEALTH

In 2018-2019, **2,158** people aged 65+ years presented to the emergency department for mental health and behavioural concerns in the HNECC PHN region at a rate of **849.2 per 100,000 population**, higher than the NSW average (**921.6**) but lower than the Australian average (**857.9**). LGAs with the highest rates of ED presentations were Moree Plains (**1,411.2**), Muswellbrook (**1,274.6**), Central Coast (**1,150.7**) and Cessnock (**974.7**).

In 2018-2019, 2,318 people aged 65+ years were admitted in the HNECC PHN for mental health-related conditions at a rate of 908.7 per 100,000, lower than the NSW (**1,331.0**) and Australian average (**1,319.6**). Gwydir LGA had the highest rates of admission (**1,266.3**), followed by the Central Coast (**1,194.8**) and Moree Plains (**1,136.5**).

The mental health needs of older people in the HNECC PHN region, and particularly older males, were frequently mentioned by stakeholders. Furthermore, the mental health needs of older people in aged care facilities were identified, due to a higher risk of completed suicide than any other group worldwide. National data indicates rates of depression among people living in residential care are much higher at around **30%** for older adults.



LGBTIQA+ COMMUNITY

A higher proportion of members of the LGBTIQ community meet criteria for experiencing a major depressive disorder and report high or very high levels of psychological distress, suicidal ideation and suicide attempts compared to heterosexual people, these are magnified in young people. LGBTIQ+ Health Australia, reported in a 2021 snapshot of mental health and suicide prevention statistics:



- Compared to the general population, LGBTIQ+ young people aged 16-17 years old were almost **three times more likely** to have attempted suicide in the past 12 months
- LGBTIQ people are **two and a half times more likely** to have been diagnosed or treated for a mental health condition in the past 12 months
- LGBTIQ people are nearly **six times more likely** to experience and be diagnosed with depression
- Transgender and gender diverse people aged 14-25 years old are over **seven times more likely** to experience and be diagnosed with depression
- **40.5%** of LGBTQA+ young people aged 14-21 years reported being diagnosed with generalised anxiety disorder
- LGBTQA+ young people aged 16-17 years old were over three times more likely (**83.3%**) to report high or very high levels of psychological distress compared to the general population.

SOCIOECONOMIC DISADVANTAGE

There is strong evidence that lower socioeconomic status has a direct correlation with poor health, higher incidence of risky health behaviours and reduction in access to health care services.

The socio-economic indexes for Areas (SEIFA) score indicates the level of relative disadvantage in an area based on a range of economic and social measures.

In 2018/19, there was **17,649** emergency department presentations for mental and behavioural disorders within the HNECC PHN region at a rate of **1,440.0 per 100,000 population** (NSW **1,283.8**). The rate of emergency department presentations for mental and behavioural disorders increases with disadvantage (Quintile 1: least disadvantaged (**1,085.1**); Quintile 2 (**1,129.5**); Quintile 3 (**1,624.0**); Quintile 4 (**1,510.7**); and Quintile 5: most disadvantaged (**1,873.7**)).

In 2018/19, there was **10,940** admissions for mental health related conditions across public hospitals in the HNECC PHN region at a rate of **858.4 per 100,000 population** (NSW **880.3**). Admissions for mental health related conditions increased with disadvantage (Quintile 1: Least disadvantaged (**739.6**); Quintile 2 (**717.4**); Quintile 3 (**856.0**); Quintile 4 (**976.4**); Quintile 5: Most disadvantaged (**1,006.3**)).

STIGMA ASSOCIATED WITH MENTAL ILLNESS

SANE Australia 'A Life Without Stigma' Survey reported almost three-quarters of respondents living with a mental illness (74%) had experienced stigma regarding their mental health.

Males, particularly in rural areas, were reluctant to seek care due to the stigma associated with needing help.

Stigma was also reported to be a barrier to treatment for adolescents and young people, members of the LGBTIQ community and older people.

MENTAL HEALTH, SUICIDE PREVENTION AND TRAUMA INFORMED NEEDS OF FIRST NATIONS PEOPLE

Aboriginal and Torres Strait Islander people and communities that experience inequities in the social determinants of health not only carry a heavier burden of health problems, but they also often face greater barriers to accessing services that might mitigate these problems.

In 2020, **22.5%** of Aboriginal adults aged 16+ years and over reported high or very high psychological distress across NSW (non-Aboriginal **16.6%**).

Between 2015–2019, Aboriginal people in NSW died from suicide at a rate of **19.5 per 100,000 population** (non-Aboriginal **10.6**).

In 2019–2020, Aboriginal people in NSW were admitted to hospital for intentional self-harm at a higher rate than non-Aboriginal people (**296.5** and **79.2 per 100,000 population**, respectively).

In 2018–19, there were **4,975** admissions for mental health-related conditions for Aboriginal people in the HNECC PHN region at a rate of **2,092.9 per 100,000 population** (NSW **2,414.4**).

COMORBIDITIES

MENTAL HEALTH COMORBIDITIES

Comorbidity is the presence of two or more physical or mental disorders (or diseases) in one person at the same time. Almost all people (**94.1%**) with a mental and behavioural condition report another co-existing long term health condition.

Data from general practices across the HNECC PHN region indicated that patients with a record of a mental health diagnosis were: **2.5 times more likely** to have an asthma diagnosis; **3.3 times more likely** to have a COPD diagnosis; and **2.4 times more likely** to have a diabetes diagnosis.

ALCOHOL, OTHER DRUGS AND COMORBIDITIES

People who drink alcohol at risky levels are more likely to have high levels of psychological distress and have a mental illness. Alcohol can negatively affect thoughts, feeling and actions, and contribute to the development of, or worsen, existing mental health issues over time.



In Australia it is estimated **at least 30-50% of people** with an alcohol and/or other drug issue also have a mental health condition.

WHAT HAS OUR COMMUNITY SAID?

- Cost and transport have been identified as barriers to accessing services for mental illness and suicide prevention.
- There is difficulty in accessing services for those who have severe mental illness and who are homeless.
- There is a need for support for families and carers of people living with mental illness.
- There is a need for early intervention and prevention services particularly for youth and youth under the age of 12.
- There is a need to ensure evidence-based and systematic approaches to mental health promotion and prevention alongside suicide prevention.
- Mental health concerns for First Nations people should incorporate the whole person, to consider generational trauma and that a First Nations led mental health and healing programs are required within the community.
- There is crossover in trauma and mental health for First Nations people with an increasing need for young men needing support.



PSYCHOSOCIAL SUPPORT NEEDS

The needs of people experiencing moderate to severe mental illness included those people experiencing other complex health and social problems such as physical illness, drug and alcohol misuse, access to sustained housing, unemployment and difficulties in daily living.

Psychosocial is the combined influence that psychological factors and the surrounding social environment have on one's physical and mental wellness and their ability to function.

In 2017–18, the rate at which people experienced chronic mental and behavioural disorders within the HNECC PHN region was **22.7 per 100 population**, higher than the national (**20.1**) and state rates (**18.8**) and was higher for females (**24.6**) than males (**20.9**).

20 out of 23 LGAs within the HNECC PHN region had higher rates of people experiencing mental and behavioural problems than the Australian average.



MENTAL HEALTH WORKFORCE

In 2018–19 the rate of overnight hospitalisations for mental illness in the HNECC PHN region was higher (**113.4 per 10,000**) than the Australian rate (**107.6**). 5 out of the 15 SA3s in the HNECC

PHN region recorded higher than the Australian average, including Gosford (**123.5**), Wyong (**129.9**), Port Stephens (**107.9**), Moree–Narrabri (**113.6**) and Newcastle (**136.7**).

In 2020–21, in the HNECC PHN region, there were **199,089 GP mental health services** provided through the MBS to **126,594 patients**. At a local level, the rate at which services were delivered ranged from **9,139 per 100,000** in Tamworth–Gunnedah SA3 to **18,413 per 100,000** in Gosford SA3. Lower rates were recorded in Moree–Narrabri (**9,249**), Inverell–Tenterfield (**9,256**) and Upper Hunter (**9,847**) SA3s.

In 2020–21, in the HNECC PHN region, a total of **18,831 patients received 62,784 psychiatry services** through the MBS. At a local level, the rate at which psychiatry services were delivered ranged from **1,904 per 100,000** in Moree–Narrabri SA3 to **6,724 per 100,000** in Newcastle SA3. Lower rates were also recorded in Tamworth Gunnedah (**3,246**), Upper Hunter (**3,343**), Armidale (**3,650**), Wyong (**3,744**) and Port Stephens (**3,762**) SA3s.

Key workforce challenges within the region include the capacity of community based social support services to be able to provide care for people with severe mental illness and other complexities, within their scope of practice alongside barriers for mental health nurses to gain credentials to work in general practice.



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