



Hospitalisations due to mental health conditions 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 mental health-related hospitalisations were 32% to 56% lower among those born overseas compared to the Australian-born population.
- There was an overall increase in rates of all-cause hospitalisations due to mental health conditions during 2007 to 2016 for those born in Australia or main English-speaking countries.
- Compared with their Australian-born counterparts, those born in non-English-speaking countries and main English-speaking countries experienced significantly lower rates of condition-specific hospitalisations due to mental health conditions.
- Analysis by country of birth (COB) region found that selected regions experienced higher rates of mental health hospitalisations for all causes and for 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 mental health hospitalisations.
 - Males born in North Africa experienced significantly higher rates of hospitalisations due to alcohol and drug disorders.
 - Males born in Other Oceania and Antarctica, North Africa and the Middle East had significantly higher rates of hospitalisations due to psychotic disorders.
 - Females born in New Zealand had significantly higher rates of hospitalisations due to personality and developmental disorders.

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 hospitalisations due to mental health conditions and hospitalisations due to four selected conditions (including anxiety and mood disorders, alcohol and drug disorders, psychotic disorders, and personality and developmental disorders) among people from CALD

backgrounds in WA and whether the rates differed by broad COB groups, COB regions, gender and year. These four conditions were the most common causes of mental health-related hospitalisations across the state. Details on the definitions of hospitalisations 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 hospitalisations due to mental health conditions by broad COB group

Compared with Australian-born people, those born in main English-speaking and non-English-speaking countries had 31.8% and 56.4% lower rates, respectively, for all-cause hospitalisations due to mental health conditions (Figure 1). For all three groups, female rates were significantly higher than male rates.

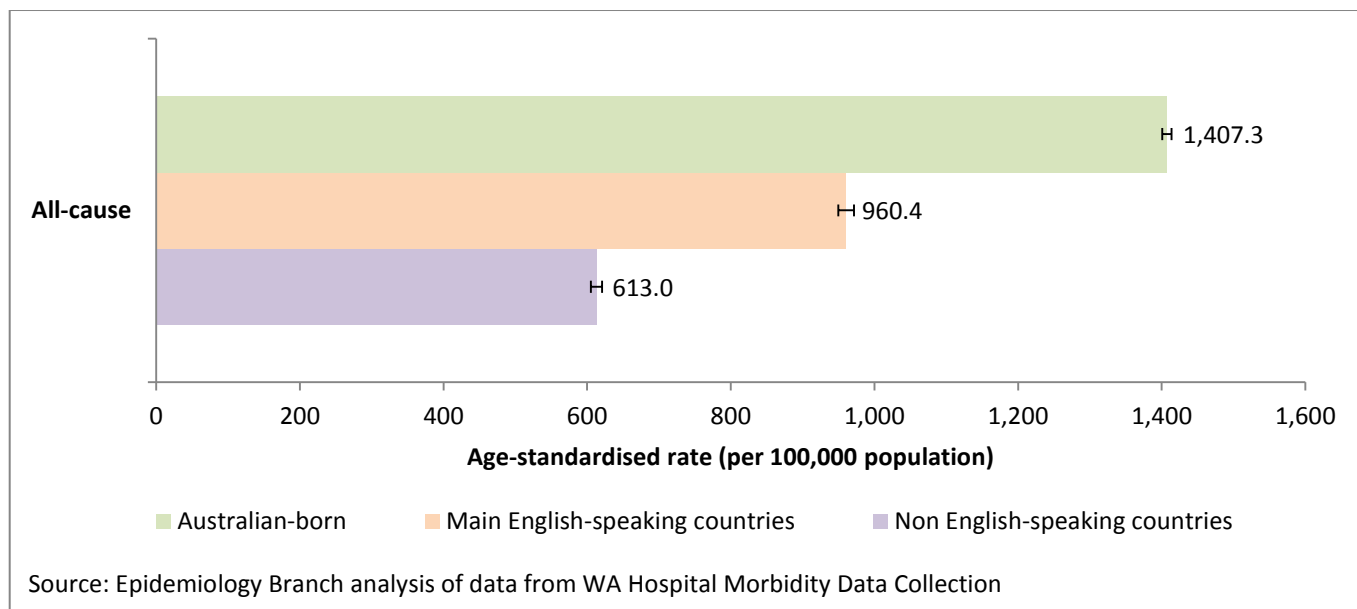


Figure 1. Rates and 95% confidence intervals of all-cause mental health related hospitalisations by broad COB group, WA, 2007-2016

All-cause hospitalisations due to mental health conditions by broad COB group and year

For all three COB groups, there was an overall increase in rates of all-cause hospitalisations due to mental health conditions between 2007 and 2016. In those born in Australia or main English-speaking countries, the rates continued to increase up to 2016. However, in those born in non-English-speaking countries the rates show an overall decreasing trend in recent years (Figure 2).

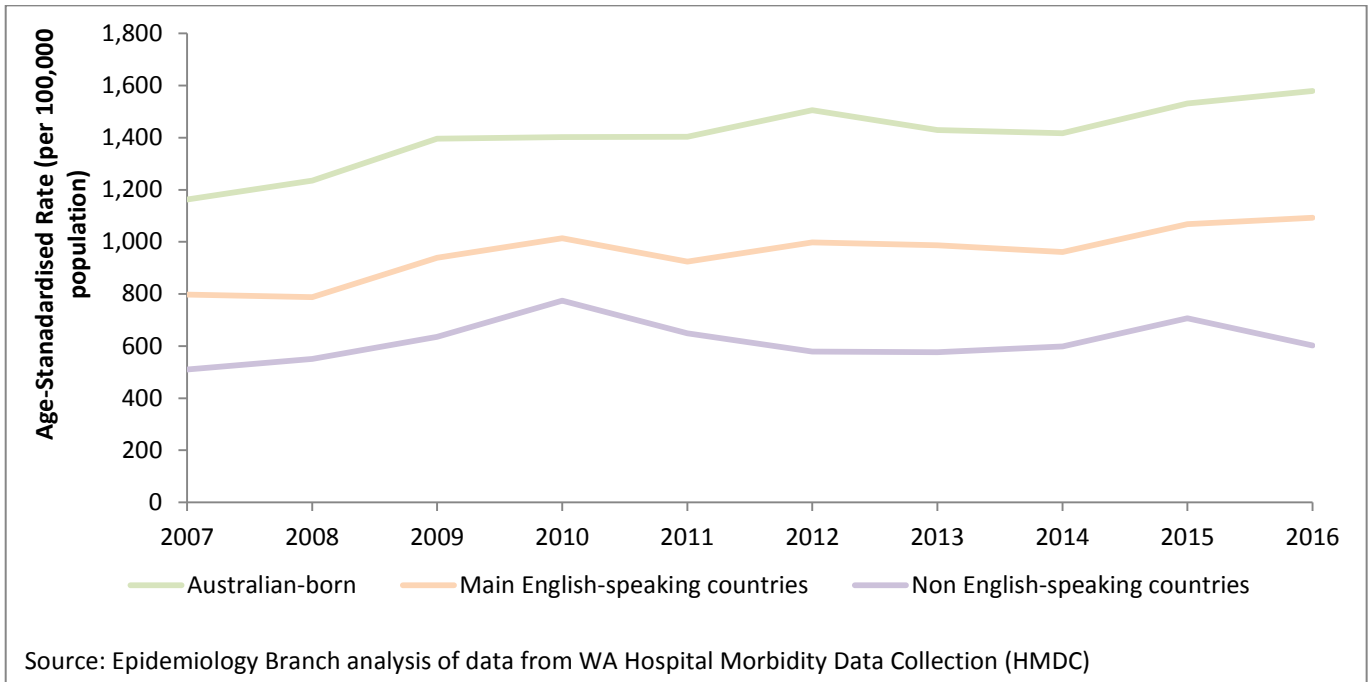


Figure 2. Rates of all-cause mental health related hospitalisations by broad COB group and year, WA, 2007-2016

Condition-specific hospitalisations due to mental health conditions by broad COB group

The three broad COB groups had the same top three mental health disorders, namely, anxiety and mood disorders, psychotic disorders and alcohol & drug disorders.

Compared with their Australian-born counterparts, those born in non-English-speaking and main English-speaking countries experienced significantly lower rates of hospitalisations for all mental health conditions. Those born in non-English-speaking countries had lower rates than those born in main English-speaking countries (Table 1).

Table 1. Age standardised rates and 95% confidence intervals of mental health related hospitalisations by broad COB group and condition, WA, 2007-2016

Broad country of birth category	Disease categories	ASR	LCL	UCL	Ranking
Australian-born	Anxiety and Mood disorders	671.0	666.6	675.5	1
	Alcohol & drug disorders	344.9	341.8	348.1	2
	Psychotic disorders	227.3	224.7	229.9	3
	Personality & other developmental disorders	91.0	89.4	92.5	4
	Acquired & congenital brain disorder	45.9	44.7	47.1	5
	Somatoform and Behavioural Disorders	23.8	23.0	24.6	6
	Mental & behavioural disorders associated with the puerperium, NEC	2.8	2.5	3.1	7
Main English-speaking countries	Anxiety and Mood disorders	479.7	472.1	487.3	1
	Alcohol & drug disorders	241.0	235.5	246.4	2
	Psychotic disorders	108.5	104.8	112.2	3
	Personality & other developmental disorders	72.1	68.7	75.5	4
	Acquired & congenital brain disorder	40.7	38.8	42.6	5
	Somatoform and Behavioural Disorders	16.6	14.8	18.4	6
	Mental & behavioural disorders associated with the puerperium, NEC	1.7	1.2	2.2	7
Non English-speaking countries	Anxiety and Mood disorders	301.8	296.4	307.3	1
	Psychotic disorders	138.8	135.2	142.4	2
	Alcohol & drug disorders	103.6	100.4	106.7	3
	Acquired & congenital brain disorder	36.1	34.3	37.8	4
	Personality & other developmental disorders	18.9	17.4	20.4	5
	Somatoform and Behavioural Disorders	12.0	10.7	13.3	6
	Mental & behavioural disorders associated with the puerperium, NEC	1.3	1.0	1.7	7

Source: Epidemiology Branch analysis of data from WA Hospital Morbidity Data Collection (HMDC).

All-cause hospitalisations due to mental health conditions by COB region and gender

Compared with their Australian-born counterparts, males born in North Africa experienced significantly higher rates of all-cause mental health related hospitalisations whereas those born in other regions had similar or lower rates (Figure 3). In particular, those who were born in Asia had the lowest rates.

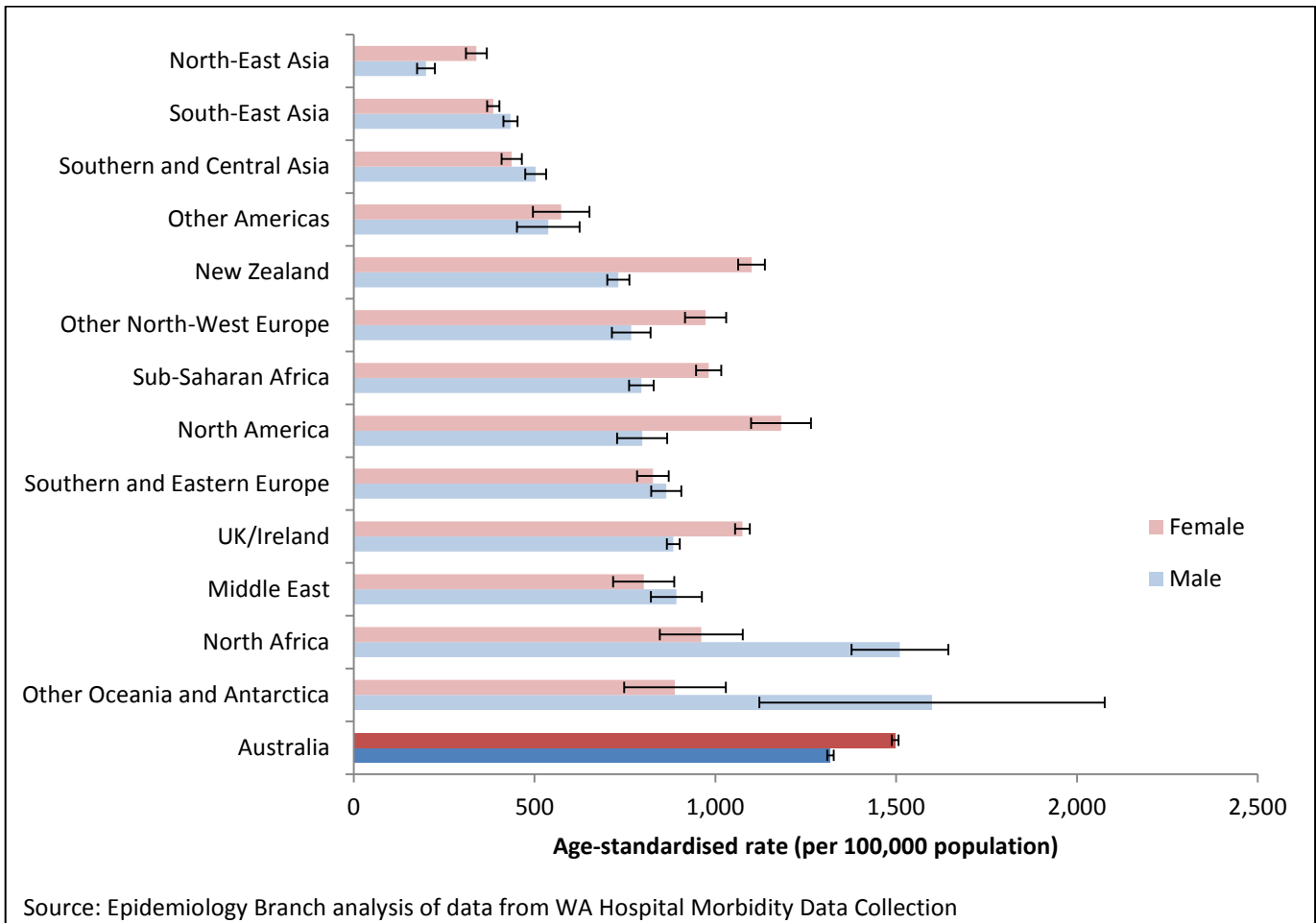


Figure 3. Rates and 95% confidence intervals of all-cause mental health related hospitalisations by COB region and gender, WA, 2007-2016

Hospitalisations due to anxiety and mood disorders by COB region and gender

Compared with their Australian-born counterparts, both males and females born in all other regions had significantly lower rates of hospitalisations due to anxiety and mood disorders. People born in North-East and South-East Asia had the lowest rates (Figure 4).

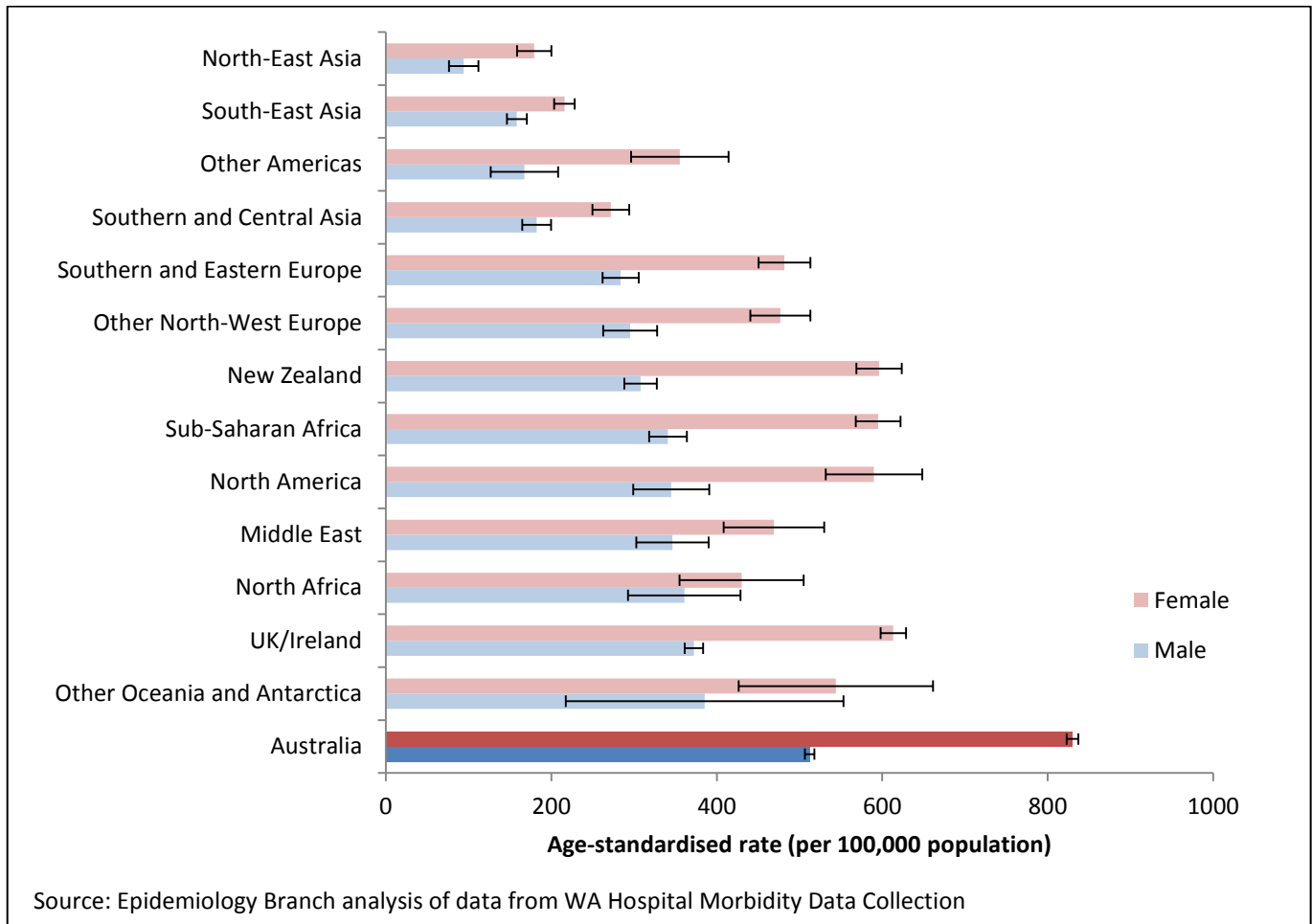


Figure 4. Rates and 95% confidence intervals of hospitalisations due to anxiety and mood disorders by COB region and gender, WA, 2007-2016

Hospitalisations due to alcohol and drug disorders by COB region and gender

Compared with their Australian-born counterparts, males born in North Africa experienced significantly higher rates of hospitalisations due to alcohol and drug disorders whereas those born in other regions had lower rates. People born in North-East and South-East Asia, Middle East, Southern and Central Asia and Other Americas had the lowest rates (Figure 5).

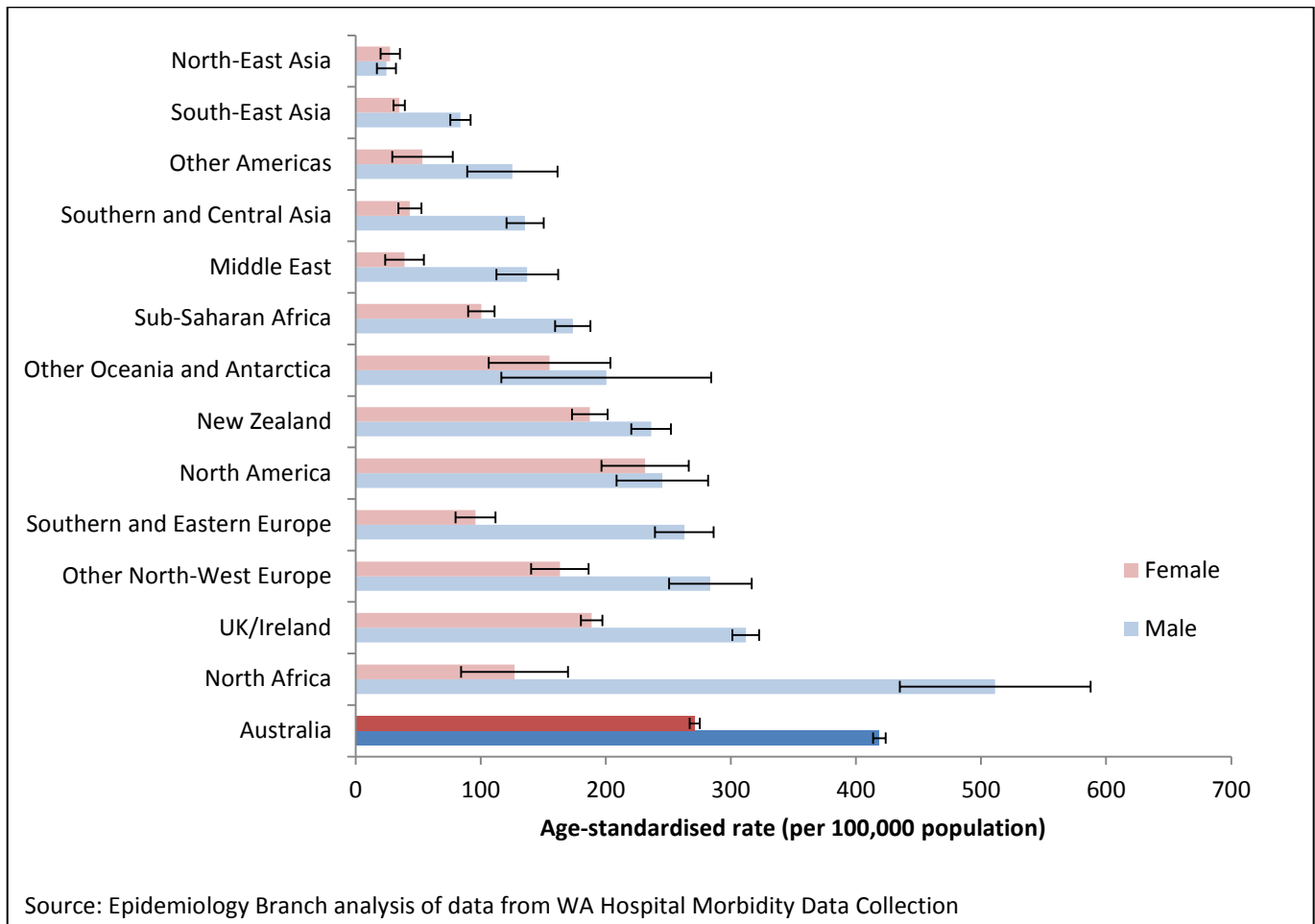


Figure 5. Rates and 95% confidence intervals of hospitalisations due to alcohol and drug disorders by COB region and gender, WA, 2007-2016

Hospitalisations due to psychotic disorders by COB region and gender

Compared with their Australian-born counterparts, males born in Other Oceania and Antarctica, North Africa and Middle East had significantly higher rates of hospitalisations due to psychotic disorders whereas males born in other regions had similar or lower rates. Among females, compared with their Australian-born counterparts, those born in North Africa had significantly higher rates whereas those born in other regions had similar or lower rates (Figure 6).

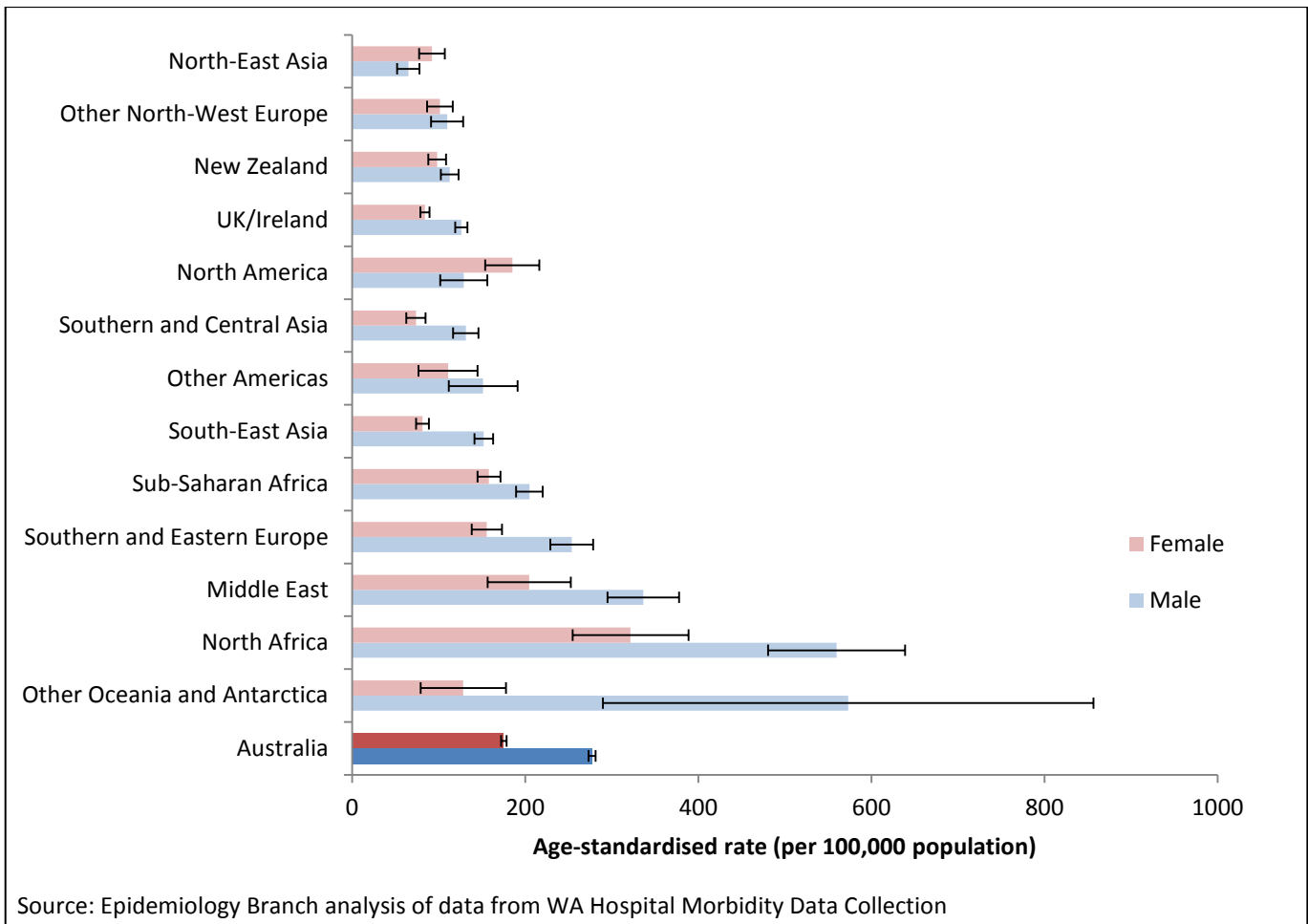


Figure 6. Rates and 95% confidence intervals of hospitalisations due to psychotic disorders by COB region and gender, WA, 2007-2016

Hospitalisations due to personality and other developmental disorders by COB region and gender

Compared with their Australian-born counterparts, both males and females born in all other COB regions had significantly lower rates of hospitalisations due to personality and developmental disorders, whereas males born in other regions had similar or lower rates. Among females, compared with their Australian-born counterparts, those born in all other COB regions had significantly lower rates whereas those females born in Other North-West Europe, UK/Ireland and North America had relatively higher rates than other regions such as Asian, Southern and Eastern European and Sub-Saharan Africa (Figure 7). The exception was females from New Zealand who had a higher rate than their Australian-born counterparts. Note that the rates for Other Americas, North-East Asia, Middle East and North Africa are not reliable enough to be displayed in the figure below due to the small number of hospital admissions.

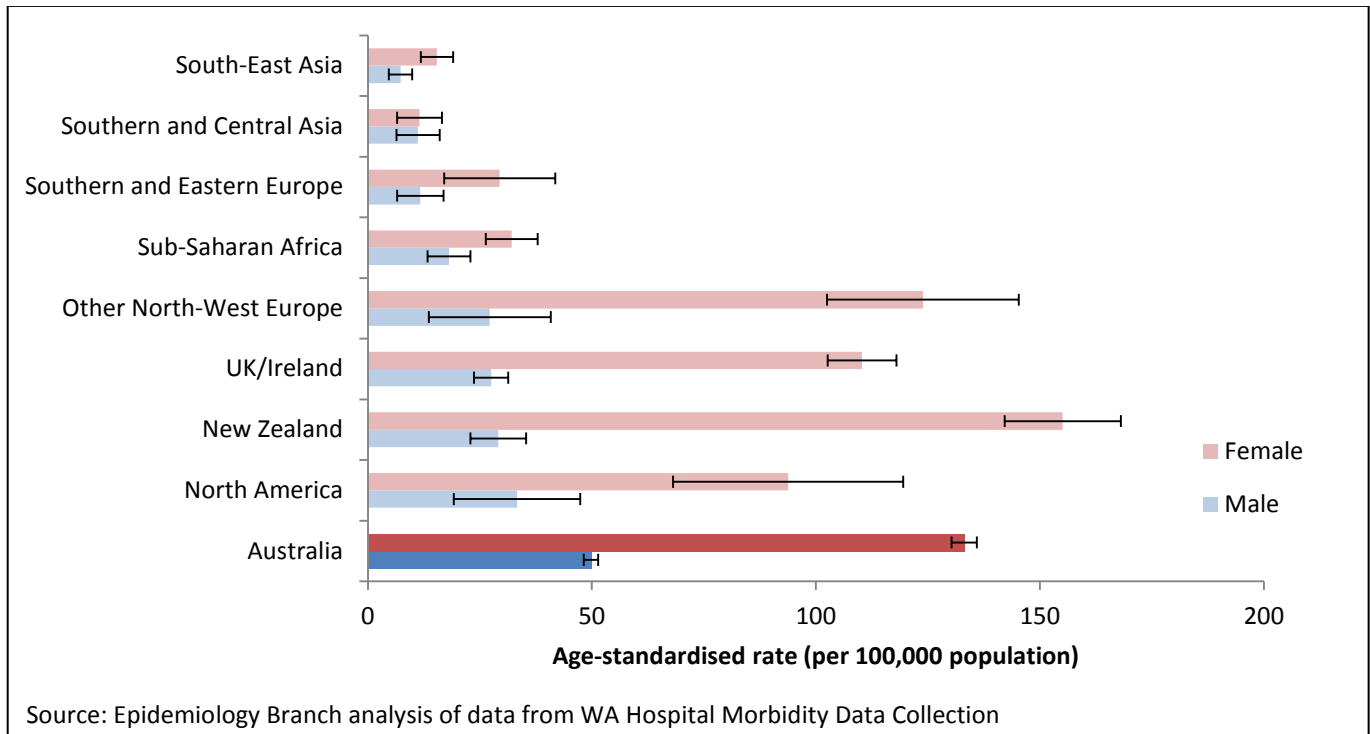


Figure 7. Rates and 95% confidence intervals of hospitalisations due to personality and other developmental disorders by COB region and gender, WA, 2007-2016

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For more information

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