Chapter 6

USE OF MENTAL HEALTH SERVICES

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Mental Health Services have a role in helping children and carers who have significant mental health problems. Proper treatment requires having access to suitable and appropriately resourced services, being able to recognise that a person has a mental health problem, and being educated about the best possible avenues for treatment.

The WAACHS sought consent from all carers to access their hospital records and the records of their children. Almost all carers in the survey gave consent for the survey team to access their hospital and medical records. This linkage provides valuable information on use of both hospital-based and community-based Mental Health Services by both carers and their children.

This chapter describes the nature of contacts with Mental Health Services in WA by both Aboriginal children and their carers, compared with measures of social and emotional wellbeing collected in the survey.

SUMMARY

Use of Mental Health Services is more common in Aboriginal carers than in Aboriginal children. In particular:

- Some 17.5 per cent of male carers and 25.5 per cent of female carers of Aboriginal children have had contact with Mental Health Services in WA. These figures are substantially higher than the WA population averages for people aged 20–49 years which are 10 per cent for males and 13 per cent for females.
- Carers living in areas of low and moderate relative isolation were more likely to have had contact with Mental Health Services.
- Use of Mental Health Services was higher among carers who smoked, carers who have chronic medical conditions and carers who had been arrested or charged with an offence. Over half of carers who had been seen by Mental Health Services had been arrested or charged with an offence at some time in their lives.
- Despite the high proportion of Aboriginal children at high risk of clinically significant emotional and behavioural difficulties, very few children have had contact with Mental Health Services: less than one per cent of children under 4 years of age, 3.8 per cent of children aged 4–11 years, and 11.0 per cent of children aged 12–17 years.
- Children were more likely to have been seen by Mental Health Services if they were at high risk of clinically significant emotional or behavioural difficulties, lived in a family with poor family functioning, or if their primary carer had been seen by Mental Health Services.

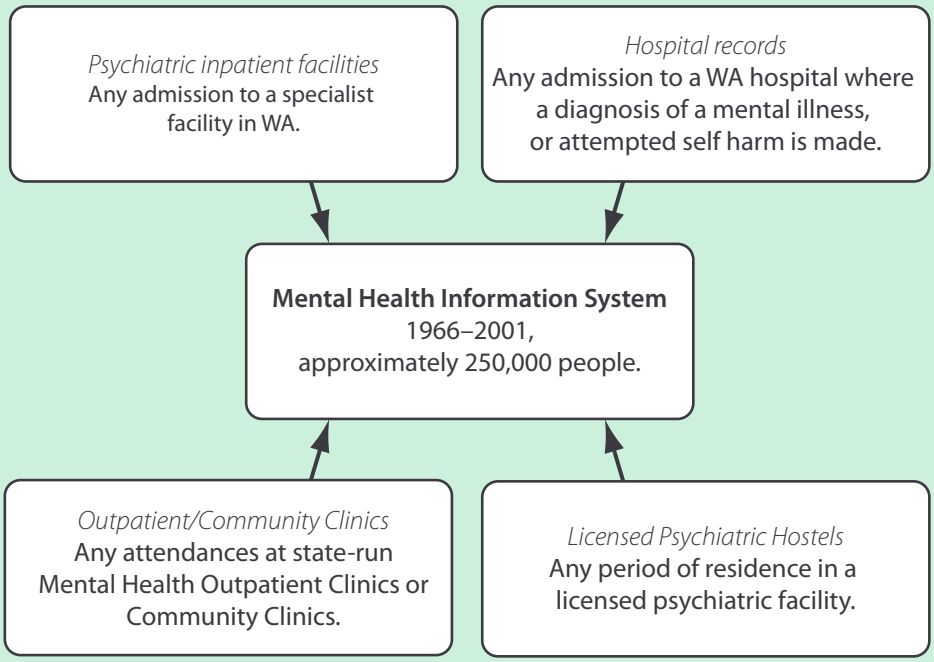
DATA SOURCES

Data on the use of Mental Health Services by children and carers has been obtained by linking survey responses with administrative health records. These health records include the Mental Health Information System (MHIS), a record of all contacts with inpatient Mental Health Services in WA as well as with state-run outpatient and community clinics.

THE MENTAL HEALTH INFORMATION SYSTEM

The Mental Health Information System (MHIS) is a database of contacts with Mental Health Services in WA that dates back to 1966. The MHIS has comprehensive coverage of inpatient based episodes of care covering both specialist psychiatric facilities and any admissions to private or public hospitals in WA where a primary diagnosis of a mental illness, attempted self-harm or mental disorder complicating pregnancy is made. In addition, the MHIS records all contacts with state-run outpatient and community based mental health clinics, as well as any periods of residence in licensed psychiatric residential hostels.

SOURCES OF DATA FOR THE MENTAL HEALTH INFORMATION SYSTEM



Because of the diversity of its data sources, the MHIS data base comprises a number of separate data tables. The records for each person represented on the system can be grouped together to form logical episodes of care. An episode represents a single admission to an inpatient facility, or a period of regular ongoing care at an outpatient or community clinic.

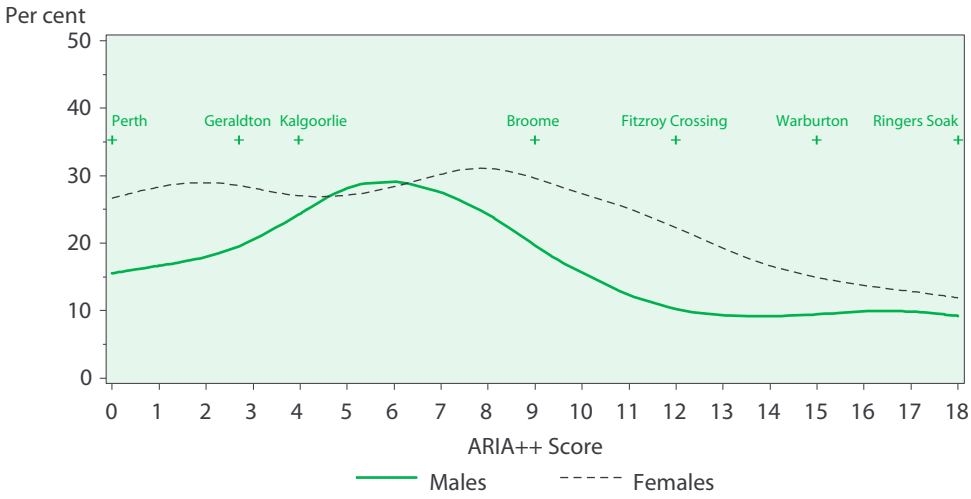
Information recorded on the system includes demographics, diagnoses, and cause of injury codes in cases of attempted self-harm.

CARERS' CONTACTS WITH MENTAL HEALTH SERVICES

All carers were asked for consent to link their survey responses to their hospital records, including records contained within the MHIS. Consent was given by 2,042 of 2,113 primary carers (97 per cent) and 960 of 1,040 secondary carers (92 per cent). Of those carers who gave consent for their records to be linked, an estimated 17.5 per cent of males (CI: 15.2%–20.2%) and 25.5 per cent of females (CI: 23.0%–28.2%) were linked to the MHIS, meaning they had some contact with Mental Health Services in WA prior to the survey (Table 6.1).

As not all carers can be expected to have a record in the MHIS, it is not possible to know what percentage of carers had records on the MHIS but did not link. In the case of linkage to birth records (see Chapter 3 of Volume One)[1], where all births occurring in WA should, in theory, be recorded on the Midwives notification database, four per cent of children whose carers gave consent for linkage of their birth records were not successfully linked to a record. It is possible that the linkage rates for carers to the MHIS will slightly underestimate the true rate of contact with Mental Health Services in WA. Even so, these rates of contact with Mental Health Services of carers of Aboriginal children are substantially higher than population averages. As of December 1998, 9 per cent of the WA population had had contact with Mental Health Services (Table 6.2). While figures are not available specifically for carers of non-Aboriginal children, on average 10 per cent of males aged 20–49 years, and 13 per cent of females aged 20–49 years have had contact with Mental Health Services.

FIGURE 6.1: PROPORTION OF CARERS WHO HAVE USED MENTAL HEALTH SERVICES IN WA, BY ARIA++



The proportion of both male and female carers who had contact with Mental Health Services varied with ARIA++ (Figure 6.1). The proportion of carers who had contact with Mental Health Services peaked at around 30 per cent at an ARIA++ score of six for males, and at eight for females. In terms of the five LORI categories, for both male and female carers, the highest rates of contact with Mental Health Services were in areas of low relative isolation (males 23.3 per cent, CI: 18.3%–29.2%; females 30.0 per cent, CI: 25.5%–34.8%). The lowest rates were observed in areas of extreme relative isolation with 9.6 per cent of males (CI: 5.8%–15.1%) and 14.3 per cent of females (CI: 8.8%–22.4%) having a record of contact with Mental Health Services in WA prior to the survey (Table 6.1).

CARERS' PSYCHIATRIC DIAGNOSES

Most records on the MHIS contain either a diagnosis of some form of mental health problem or of attempted self-harm. These diagnoses are coded using the International Classification of Diseases (ICD).[2] The individual contact records on the MHIS can be grouped together to form episodes of care, and an algorithm has been devised to assign a principal psychiatric diagnosis to each person on the MHIS.[3] This algorithm is based on giving priority to later diagnoses over earlier diagnoses, but subject to a hierarchy that would prefer an earlier more informative diagnosis to a later uninformative diagnosis, or a later diagnosis that is likely to represent a comorbidity. For instance, where people have psychotic disorders and comorbid drug dependence disorders, preference is given to the diagnosis of psychosis.

Among carers linked to the MHIS, the most common diagnoses were neurotic disorders (18.9 per cent; CI: 14.7%–23.4%), followed by alcohol or drug disorders (16.7 per cent; CI: 13.5%–20.1%) and affective psychoses (14.5 per cent; CI: 11.3%–18.0%). Differences were observed between males and females. For females the most common diagnosis was neurotic disorders (20.7 per cent; CI: 15.5%–26.5%) while for males the most common diagnosis was alcohol or drug disorders (29.6 per cent; CI: 23.4%–36.2%). By comparison, neurotic disorders was lower in males at 13.8 per cent (CI: 8.8%–20.3%) while alcohol or drug disorders were significantly lower in females at 12.1 per cent (CI: 8.7%–16.5%) (Table 6.3).

The profile of diagnoses differed between carers of Aboriginal children, and the whole population of WA. Table 6.4 shows the distribution of the population of WA aged 20–49 years who have had contact with Mental Health Services, as of December 1998, by principal diagnosis. Carers of Aboriginal children are less likely to be given a non-specific diagnosis (4.4 per cent; CI: 2.4%–7.5%) than the total population (13.8 per cent). Both male and female carers of Aboriginal children were more likely to have a diagnosis of alcohol or drug disorders—29.6 per cent (CI: 23.4%–36.2%) of male carers of Aboriginal children compared with 15.5 per cent of all males, and 12.1 per cent (CI: 8.7%–16.5%) of female carers compared with 6.1 per cent of all females. Rates of affective psychoses were also higher for both male and female carers of Aboriginal children than the general population (Table 6.4).

ABORIGINAL IDENTIFICATION ON MHIS

The Mental Health Information System, like most administrative health collections, contains an identifier of Aboriginal status. This has been compared with Aboriginal identification obtained through the survey. At the time of the survey interview, each carer was asked if they considered themselves to be of Aboriginal or Torres Strait Islander descent. Among those carers who were linked to the MHIS, 79.4 per cent (CI: 75.0%–83.1%) identified as being of Aboriginal or Torres Strait Islander descent in the survey. In comparison only 65.6 per cent (CI: 60.7%–70.3%) of these carers were identified as being Aboriginal or Torres Strait Islander people on the MHIS.

Of those carers who identified as being of Aboriginal or Torres Strait Islander descent in the survey, 81.6 per cent (CI: 76.6%–85.8%) were identified as Aboriginal or Torres Strait Islander people on the MHIS, while 98.0 per cent (CI: 95.5%–99.5%) of those who did not identify as being of Aboriginal or Torres Strait Islander descent in the survey were identified as non-Aboriginal on the MHIS (Table 6.5).

In comparison, of those carers who were identified as Aboriginal or Torres Strait Islander people on the MHIS, 98.7 per cent (CI: 97.3%–99.5%) identified as being of Aboriginal or Torres Strait Islander origin in the survey, while 41.7 per cent (CI: 32.7%–51.0%) of those carers who were not identified as Aboriginal or Torres Strait Islander people on the MHIS identified as being of Aboriginal or Torres Strait Islander descent in the survey (Table 6.6).

CONSISTENCY IN REPORTING AND RECORDING ABORIGINAL STATUS

In Volume One of the WAACHS findings, *The Health of Aboriginal Children and Young People*,[1] a comparison was presented between the Aboriginal status of mothers of survey children as reported in the survey and as reported on the Midwives Notifications Forms at the time of their childrens' births. A slightly higher level of agreement was found between these two data sources than has been observed with the MHIS.

While almost all people who were identified as Aboriginal or Torres Strait Islander people on the MHIS identified as such in the survey, a significant proportion of those who were not identified as Aboriginal or Torres Strait Islander people on the MHIS did identify as being of Aboriginal and Torres Strait Islander descent in the survey. This suggests that there are likely to be few cases where people are incorrectly identified as Aboriginal or Torres Strait Islander people on the MHIS, but there is a significant degree of under-reporting.

Consistency in reporting Aboriginal status reflects both the manner in which the information is gathered and the circumstances surrounding its collection. Despite promotional efforts within the health system to improve data quality and remind people that it is not possible to determine who is an Aboriginal or Torres Strait Islander person without asking the person, clients of Mental Health Services may not always be directly asked about their Aboriginal or Torres Strait Islander status, and the data collected may be based on the perceptions of the practitioners collecting the data.

It is also possible that a person's decision to identify as an Aboriginal or Torres Strait Islander person may be based on perceptions of the effect that self-identification may have on the nature of services they will receive following identification.

ASSOCIATIONS WITH USE OF MENTAL HEALTH SERVICES

Contact with Mental Health Services is the best indicator available within the survey of mental health problems in carers of Aboriginal children. Only a proportion of people with a mental health problem receive treatment. The *1997-98 National Survey of Mental Health and Wellbeing* found that 19.1 per cent (CI: 18.3%–19.9%) of Western Australian adults had a diagnosable mental health problem in the twelve months prior to the survey, but only 7.4 per cent (CI: 6.8%–8.0%) had used any health service in relation to a mental health problem in the same period.[4]

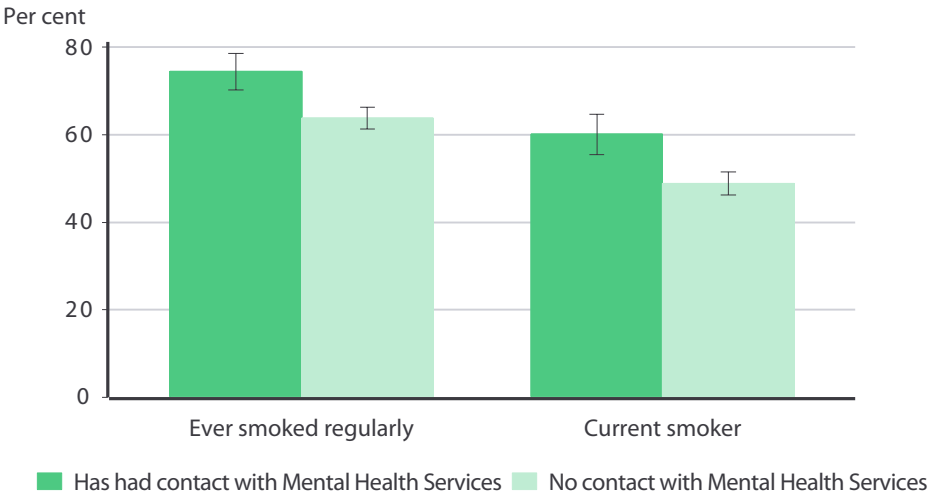
The association between the use of Mental Health Services by carers and various factors was examined, including carer smoking, financial strain and arrests, in order to investigate whether mental health problems were associated with these factors.

Smoking

Carers were asked if they had ever smoked cigarettes regularly. Some 66.4 per cent of carers (CI: 64.2%–68.5%) had been regular smokers at some stage in their lives. Use of Mental Health Services was associated with smoking. In carers who have had contact with Mental Health Services, 74.5 per cent (CI: 70.2%–78.6%) have been regular smokers at some point in their lives compared with 63.8 per cent (CI: 61.3%–66.3%) of carers who have not had contact with Mental Health Services (Figure 6.2).

Carers who smoked were also asked if they still smoke cigarettes. In carers who have had contact with Mental Health Services, 60.2 per cent (CI: 55.4%–64.7%) were current smokers at the time of the survey compared with 48.8 per cent (CI: 46.2%–51.5%) of carers who have had no contact with Mental Health Services (Figure 6.2).

FIGURE 6.2: CARERS (a) — PROPORTION WHO HAVE EVER SMOKED AND PROPORTION WHO ARE CURRENT SMOKERS, BY USE OF MENTAL HEALTH SERVICES



(a) Only carers who gave consent for the survey team to access their medical records

Source: Tables 6.7, 6.8

SMOKING AND MENTAL ILLNESS

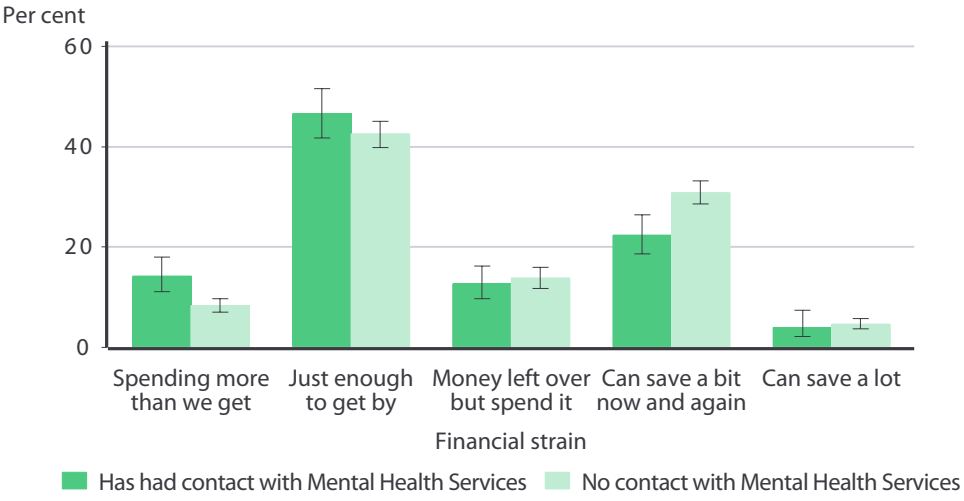
There is a large literature on the relationship between mental illness and smoking, but surprisingly few programmes have ever been implemented that aim to reduce smoking in people with mental health problems. While anti-smoking campaigns have been instrumental in reducing the overall rate of smoking in the general population over the last 10–20 years, there is little evidence to suggest that people with mental illness have benefited from any of these programmes.

If further reductions in smoking levels are to be achieved, attention will need to be given to people with mental illness. In the United States, 44 per cent of cigarettes are consumed by people with a diagnosable mental health problem.[5] Reductions in smoking rates may be achieved by programmes that recognise smoking and other addictions as part of the overall wellbeing of a person, rather than dealing with these addictions in isolation.

Financial strain

Carers were asked to rate their family's money situation on a five-point scale of financial strain using the following five categories: 'We are spending more than we get', 'We have just enough money to get us through to the next pay day', 'There's some money left over each week, but we just spend it', 'We can save a bit every now and again', and 'We can save a lot'. Figure 6.3 shows the distribution of ratings of financial strain by whether the carer had ever had contact with Mental Health Services. Compared with carers who had not had contact with Mental Health Services, a higher proportion of carers reported spending more money than they get (14.2 per cent, CI: 11.1%–18.0% compared with 8.3 per cent; CI: 7.0%–9.7%) and a lower proportion reported being able to save a bit now and again (22.4 per cent, CI: 18.7%–26.4% compared with 30.8 per cent; CI: 28.6%–33.2%) (Figure 6.3).

FIGURE 6.3: CARERS (a) — LEVEL OF FAMILY FINANCIAL STRAIN, BY USE OF MENTAL HEALTH SERVICES



(a) Only carers who gave consent for the survey team to access their medical records

Source: Table 6.9

Arrests

Primary carers were asked if they had ever been arrested or charged with an offence. Some 36.6 per cent (CI: 34.3%–38.9%) of primary carers reported that they had been arrested or charged with an offence. There was a significant association between arrests and charges and whether the primary carer had ever had contact with Mental Health Services. Of carers who had used Mental Health Services, 52.7 per cent (CI: 47.6%–57.9%) reported that they had been arrested or charged with an offence compared with 31.3 per cent (CI: 28.8%–33.9%) of carers who had never had contact with Mental Health Services (Table 6.10).

Modelling associations with use of Mental Health Services

Multivariate logistic regression modelling (see *Glossary*) has been used to explore the relationship between various characteristics that are associated with use of Mental Health Services by carers, including smoking, family financial strain and arrests. In the process of developing this model, a range of additional factors were analysed and found not to be associated with contacts with Mental Health Services. These were: family functioning, number of life stress events, whether the carer speaks an

Aboriginal language, whether overuse of alcohol or gambling cause problems in the household, and whether the carer has a partner.

Female carers were twice as likely to have had contact with Mental Health Services than male carers (Odds Ratio 1.99; CI: 1.44–2.76). After adjusting for age, sex and LORI, carers who were current smokers were found to be over one and a half times more likely (Odds Ratio 1.65; CI: 1.31–2.07) to have used Mental Health Services, confirming the results shown in Figure 6.2. Carers were asked if they had any medical conditions that had lasted or would last for six months or more. If so, carers were asked if they were limited in any way in doing normal daily activities because of a medical or health problem. Carers who were limited in their daily living by a medical condition were almost three times as likely to have used Mental Health Services (Odds Ratio 2.93; CI: 2.27–3.77) compared with carers with no medical condition. Carers who had a medical condition that did not limit their daily activities were still one and a half times more likely (Odds Ratio 1.54; CI: 1.22–1.96) to have had contact with Mental Health Services (Table 6.11) than carers who did not have a condition.

Only primary carers were asked if they had ever been arrested or charged with an offence. Compared with primary carers who had not been arrested or charged, carers who had been were more than twice as likely to have been seen by Mental Health Services in WA (Odds Ratio 2.19; CI: 1.74–2.76) (Table 6.11).

FUNDING FOR MENTAL HEALTH SERVICES

In 1998-99 the WA government spent $4.7 million on services to Aboriginal and Torres Strait Islander people provided through mental health institutions (comprising public psychiatric hospitals and psycho-geriatric nursing homes). This equates to approximately $79 per capita. By comparison, overall spending on mental health institutions for the total population was $60 per capita. Spending on services for Aboriginal and Torres Strait Islander people is slightly higher than the population average, but possibly not as high as might be expected considering the higher burden of illness. Spending on community health services is not split between mental health and other services, so figures on community mental health expenditure are not known.[6]

ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES

Within Aboriginal Community Controlled Health Services, a range of workers can provide social and emotional wellbeing services and support, including Bringing Them Home Counsellors, Aboriginal and Torres Strait Islander health workers, specialist mental health workers and Social Health Teams. Social Health Teams are multi-skilled and multi-disciplinary teams that provide a range of services including mental health support, substance use services, grief and loss counselling, and family and welfare support.[7]

There are three regional centres in WA (located in Perth, Broom and Kalgoorlie) for social and emotional wellbeing that provide training and support to Social Health Teams throughout the state. The four key roles of the regional centres are to develop

Continued . . . .

ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES *(continued)*

curricula and deliver training; to develop infrastructure and provide clinical support to health workers; to develop models of intersectoral linkages and inter-agency co-operation; and to develop information systems to monitor services and levels of need.[8]

In 2001–02, 17 of the 21 Aboriginal Community Controlled Health Services in WA provide counselling services. Eleven of the services had a qualified counsellor on staff, while 10 had visiting psychologists, psychiatrists or social workers. There were a total of 18 full-time equivalent (FTE) qualified counsellors, social workers or psychologists employed in services in WA, and an additional eight FTE traditional healers and other counsellors. Eighteen of the 21 services were able to treat serious mental illness.

In 2001–02 there were a total of 11,952 client contacts made with counsellors, social workers or psychologists in Aboriginal Community Controlled Health Services in WA. This represents 3 per cent of the total number of client contacts.

The Australian Government also funds eight Aboriginal substance use specific services in WA. All of these services are involved in treating social and emotional wellbeing issues, and provide counselling services such as grief and loss counselling, self-harm and suicide prevention counselling, and counselling in relation to family and relationship issues and family violence. There were six FTE qualified counsellors, and 25 FTE unqualified counsellors employed in these services in WA in 2002–03. The main emotional and social health issues addressed by these services in 2002–03 were depression, hopelessness and despair; family and community violence; grief and loss issues; and family and relationship issues.[9]

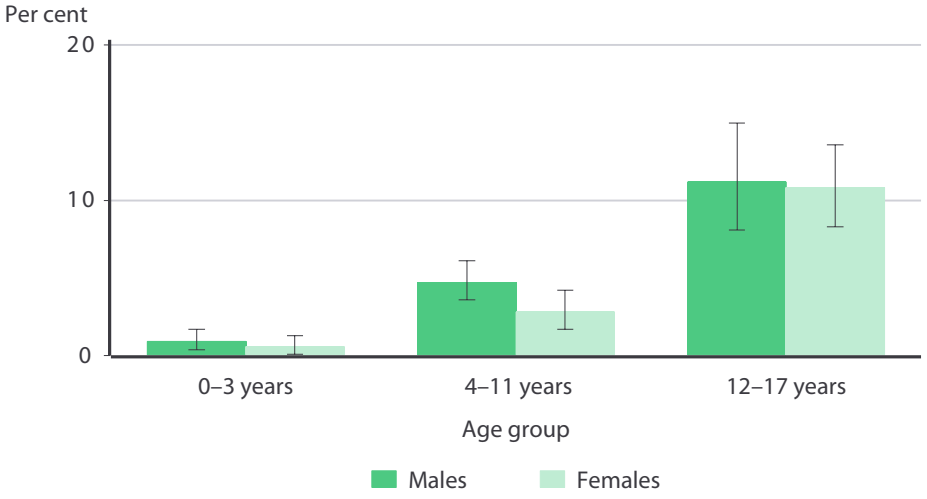
CONTACTS WITH MENTAL HEALTH SERVICES BY ABORIGINAL CHILDREN

Among children for whom consent was given to link their survey responses to their medical records, 5.2 per cent (CI: 4.4%–6.1%) were linked to the MHIS, indicating that they had had some contact with Mental Health Services in WA prior to the survey. The proportion of children who had some contact with Mental Health Services increased with age, with less than one per cent of children aged 0–3 years having had contact with Mental Health Services (0.7 per cent; CI: 0.4%–1.2%), compared with 11.0 per cent (CI: 9.0%–13.2%) of children aged 12–17 years (Figure 6.4).

As so few children under the age of 4 years have had contact with Mental Health Services, the remainder of the analysis of use of Mental Health Services is restricted to children aged 4–17 years.

For the age groups 4–11 years and 12–17 years, the proportion of children who have had contact with Mental Health Services decreased with increasing Level of Relative Isolation (Figure 6.5). For children aged 4–11 years, the proportion declined from 5.3 per cent (CI: 3.4%–8.0%) in Perth (no isolation) through to 1.3 per cent (CI: 0.6%–2.8%) in areas of extreme relative isolation. For children aged 12–17 years, the proportion declined from 13.5 per cent (CI: 9.8%–17.7%) in Perth to 4.2 per cent (CI: 2.3%–6.8%) in areas of extreme isolation. This decline reflects both the decreased availability of services in extremely isolated areas and the decrease in the proportion of children at high risk of clinically significant emotional or behavioural difficulties by Level of Relative Isolation (see Chapter 2).

FIGURE 6.4: CHILDREN AGED 0–17 YEARS (a) — USE OF MENTAL HEALTH SERVICES, BY AGE AND SEX

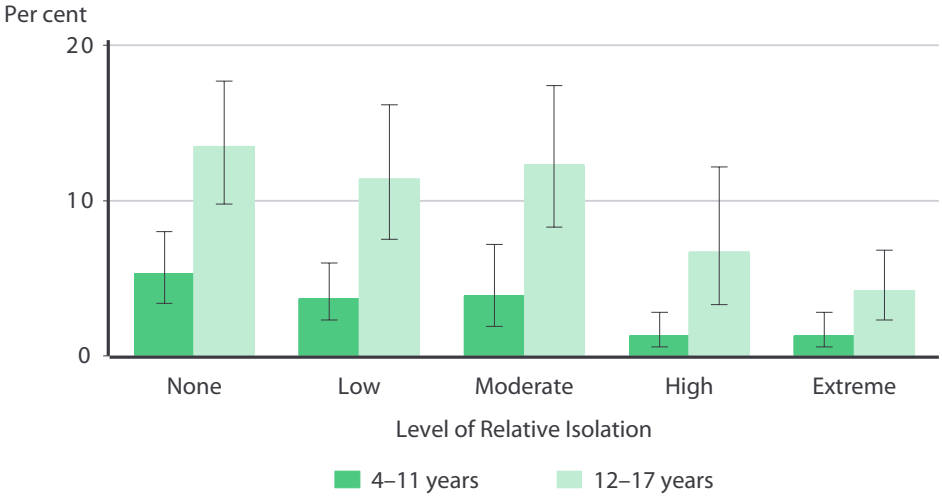


(a) Only children whose carers gave consent for the survey team to access their child's medical records

Source: Table 6.12

The proportion of Aboriginal children who have had contact with Mental Health Services was slightly higher than the proportion found in the total population. For all children aged 0–17 years, as of December 1998, 3.5 per cent had ever had contact with Mental Health Services compared with 5.2 per cent of Aboriginal children (CI: 4.4%–6.1%). For children aged 12–17 years, 5.2 per cent of all children had ever had contact with Mental Health Services compared with 11.0 per cent of Aboriginal children (CI: 9.0%–13.2%).[3]

FIGURE 6.5: CHILDREN AGED 4–17 YEARS (a) — USE OF MENTAL HEALTH SERVICES, BY LEVEL OF RELATIVE ISOLATION AND AGE



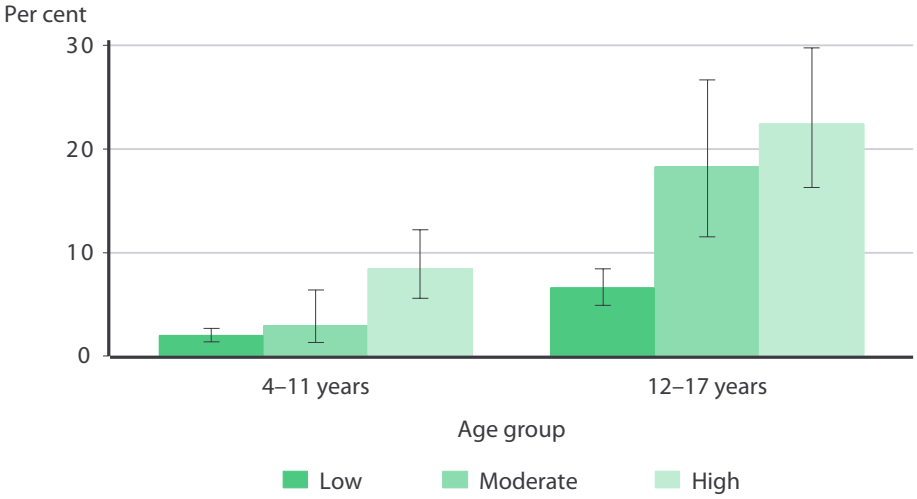
(a) Only children whose carers gave consent for the survey team to access their child's medical records

Source: Table 6.13

USE OF MENTAL HEALTH SERVICES AND RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES IN ABORIGINAL CHILDREN AND YOUNG PEOPLE

In this survey, Goodman's Strengths and Difficulties Questionnaire (SDQ) has been used to measure the risk of clinically significant emotional or behavioural difficulties in Aboriginal children and young people (See Chapter 2). There was a strong association between emotional and behavioural difficulties and use of Mental Health Services (Figure 6.6). For children aged 4–11 years who were at low risk of clinically significant emotional or behavioural difficulties only 2.0 per cent (CI: 1.4%–2.7%) had had contact with Mental Health Services in WA, compared with 8.4 per cent (CI: 5.6%–12.2%) of children at high risk. Similarly, for children aged 12–17 years only 6.6 per cent (CI: 4.9%–8.4%) of those children at low risk had had contact with Mental Health Services compared with 22.4 per cent (CI: 16.3%–29.8%) of children at high risk.

FIGURE 6.6: CHILDREN AGED 4–17 YEARS (a) — USE OF MENTAL HEALTH SERVICES, BY RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES



(a) Only children whose carers gave consent for the survey team to access their child's medical records

Source: Table 6.14

In addition to an overall measure of emotional or behavioural difficulties, the SDQ has five sub-scales relating to specific difficulties. Four of these five sub-scales: emotional symptoms, conduct problems, hyperactivity and peer problems, were associated with Aboriginal children's use of Mental Health Services in WA.

Emotional symptoms

Some 12.8 per cent (CI: 9.8%–16.3%) of children at high risk of clinically significant emotional symptoms had used Mental Health Services in WA compared with 4.2 per cent (CI: 3.3%–5.3%) of children at low risk. Approximately one quarter (23.4 per cent; CI: 21.4%–25.6%) of children aged 4–17 years were at high risk of this specific difficulty (see Chapter 2).

Conduct problems

The proportion of children who had ever had contact with Mental Health Services in WA increased from 4.4 per cent (CI: 3.5%–5.6%) of children at low risk of clinically significant conduct problems to 10.3 per cent (CI: 8.1%–12.7%) of children at high risk. Conduct problems was the most frequently occurring specific difficulty, with approximately 33.9 per cent (CI: 31.6%–36.1%) of 4–17 year-olds at high risk.

Hyperactivity

An estimated 15.3 per cent (CI: 13.6%–17.0%) of Aboriginal children aged 4–17 years were at high risk of clinically significant hyperactivity. Of these children, 13.5 per cent (CI: 9.8%–17.8%) had had contact with Mental Health Services prior to the survey, compared with 4.8 per cent (CI: 3.9%–5.8%) of children at low risk of clinically significant hyperactivity, and 10.0 per cent (CI: 7.2%–13.3%) of children at moderate risk.

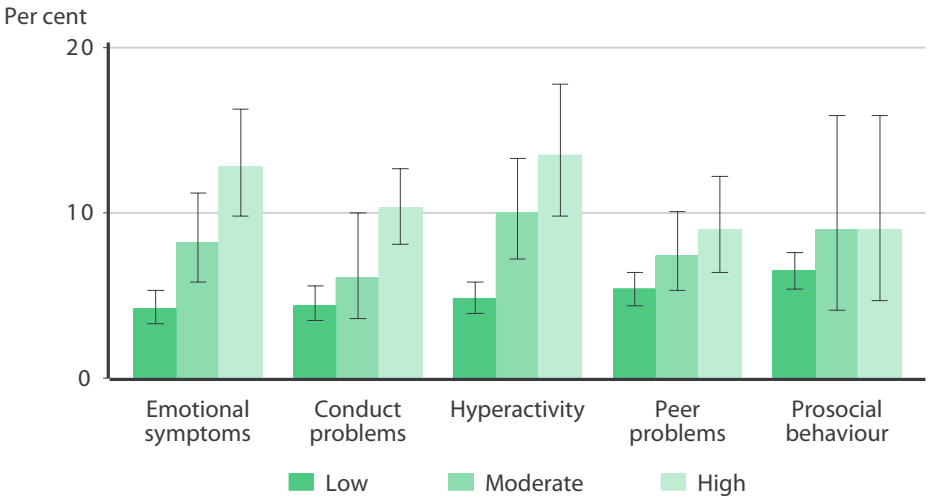
Peer problems

There was only a small increase in the proportion of children who had used Mental Health Services by risk of clinically significant peer problems: 5.4 per cent (CI: 4.4%–6.4%) of children at low risk of clinically significant peer problems had used Mental Health Services in WA prior to the survey, compared with 9.0 per cent (CI: 6.4%–12.2%) of children at high risk. Over one quarter (27.8 per cent; CI: 25.7%–30.0%) of Aboriginal children were at high risk of clinically significant peer problems.

Prosocial behaviour

No association was observed between risk of clinically significant problems with prosocial behaviour and contact with Mental Health Services in WA (Figure 6.7). It should be borne in mind that very few Aboriginal children aged 4–17 years were at high risk of clinically significant problems with prosocial behaviour (4.1 per cent; CI: 3.4%–4.9%).

FIGURE 6.7: CHILDREN AGED 4–17 YEARS (a) — USE OF MENTAL HEALTH SERVICES, BY RISK OF CLINICALLY SIGNIFICANT SPECIFIC DIFFICULTIES



(a) Only children whose carers gave consent for the survey team to access their child's medical records

Source: Table 6.15

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Specialist mental health services in WA are provided through Child and Adolescent Mental Health Services (CAMHS). The target population for CAMHS is children and young people aged less than 18 years who have severe mental health problems. Specialist inpatient facilities for children and adolescents are provided through Princess Margaret Hospital and the Bentley Child and Adolescent Unit. There are 20 acute inpatient beds and 16 long stay beds for children under 14 years of age. In addition, there are eight specialist child and adolescent mental health units located throughout the Perth metropolitan area. The inner city Youth Link service provides a mental health service for at-risk and marginalised adolescents who are unable to access mainstream services.[10]

The WAY Centre Adolescent Unit located at Bentley is a 12-bed purpose built inpatient unit to assess and provide initial management for adolescents aged 13–17 years with severe emotional disturbance or mental illness. The unit is a state-wide, tertiary service that accepts referrals from mental health professionals throughout the state. The unit admits over 200 patients per year, of which between 30 and 40 per cent are Aboriginal. The majority of the Aboriginal patients come from outside the Perth metropolitan area with about half from remote communities. The WAY Centre Transition Unit is a day hospital programme for both day and inpatients. The unit is staffed by a multidisciplinary team and aims to assist young people in their recovery and transition back to home, school or employment. The unit can accommodate 24 adolescents in the programme.

Outside of the metropolitan area, services for children are provided through community mental health clinics. Community services with specialist child and adolescent mental health teams include Albany, Bunbury, Geraldton, Esperance and Kalgoorlie.[10]

Specialist mental health services provide a small but vital component of a broader system of care promoting the mental health and wellbeing of children and young people. In addition to the specialist services provided by CAMHS, specialist services relevant to the mental health of children and adolescents are also provided by the Sexual Assault Referral Centre and the Princess Margaret Hospital for Children Child Protection Unit. Other agencies involved in promoting the mental health and wellbeing of children include schools, child care agencies, general practitioners, private mental health practitioners, child health services, the Department for Community Development and the justice system.[11] Non-government agencies also deliver services to families and children at risk by providing a range of treatments including individual counselling and family therapy.

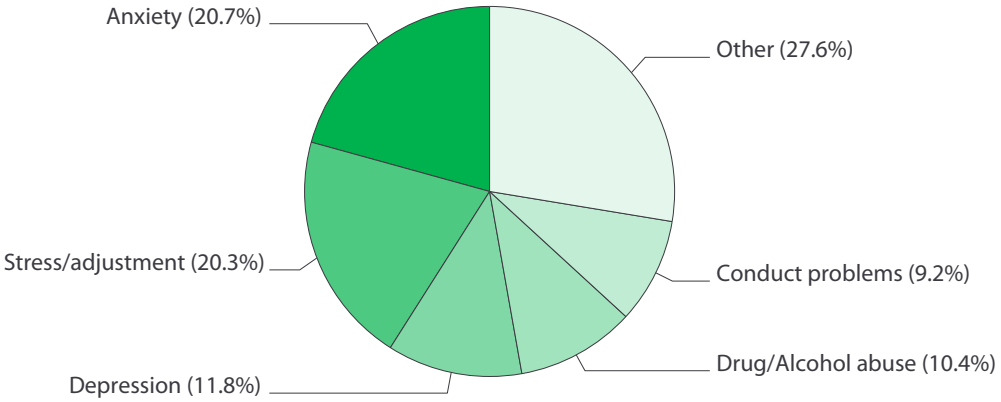
CHILDRENS' PSYCHIATRIC DIAGNOSES

The MHIS records diagnoses for each child who has had contact with Mental Health Services. In instances where more than one diagnosis has been recorded for a child, a principal diagnosis has been assigned using an algorithm that gives preference to the most recent diagnosis made, unless it is non-informative or is a condition that is likely to be a comorbidity of a previously recorded principal diagnosis. The most frequently

occurring diagnoses were anxiety (20.7 per cent of children; CI: 14.7%–27.3%), and stress or adjustment problems (20.3 per cent; CI: 14.7%–27.3%) (Figure 6.8). Among Aboriginal children aged 4–11 years the most commonly recorded conditions were anxiety (22.5 per cent; CI: 13.7%–34.4%) and conduct problems (20.2 per cent; CI: 9.4%–33.9%), while for Aboriginal young people aged 12–17 years conduct problems were rarely recorded (3.3 per cent; CI: 1.0%–8.8%). Some 10.2 per cent (CI: 6.8%–14.4%) of children aged 12–17 years had a primary diagnosis of attempted self-harm. It should be noted that attempted self-harm is only assigned as the primary diagnosis in cases where the young person has been hospitalised after harming himself or herself, but no mental illness is diagnosed, such as in cases where the child or his or her carers do not consent to treatment and no follow-up visits occur (Table 6.16). Thus the number of young people with attempted self-harm as a principal diagnosis cannot be used to measure the number of young people who have attempted self-harm.

By way of comparison, Table 6.17 shows the distribution of principal diagnoses for all children in WA aged 4–17 years as at December, 1998.[3] The distribution of principal diagnoses among Aboriginal children is broadly similar to that for the total population of the same age. Diagnoses of drug and/or alcohol abuse were more common among Aboriginal children (10.4 per cent; CI: 5.6%–17.0% compared with 2.7% for all children). The diagnosis of attempted self-harm was also more common among Aboriginal children aged 12–17 years (10.2 per cent; CI: 6.8%–14.4% compared with 1.8% of all children).

FIGURE 6.8: CHILDREN AGED 4–17 YEARS WHO HAVE USED MENTAL HEALTH SERVICES — PRINCIPAL DIAGNOSIS



Source: Table 6.16

FUNCTIONAL IMPACT AND USE OF MENTAL HEALTH SERVICES

In addition to measuring risk of clinically significant emotional or behavioural difficulties, the SDQ has a series of questions designed to measure the functional impact of emotional and behavioural difficulties. Carers were asked if they thought their children had trouble with emotions, concentration, behaviour or getting on with people and, if so, they were asked questions about the duration of these difficulties, the nature of the distress that they caused and whether they interfered with the child's everyday life (see Chapter 2). Children at high risk of clinically significant functional

impairment were more likely to have ever used Mental Health Services. Some 21.9 per cent (CI: 16.0%–29.1%) of children at high risk of clinically significant functional impairment had ever had contact with Mental Health Services, compared with 4.5 per cent (CI: 3.7%–5.4%) of children at low risk (Table 6.18).

ASSOCIATION BETWEEN CARER AND CHILD USE OF MENTAL HEALTH SERVICES

Children whose primary carer had had contact with Mental Health Services were more likely to also have been seen by Mental Health Services themselves. Of those children whose primary carer has had contact with Mental Health Services, 12.4 per cent (CI: 9.2%–15.9%) had been seen by Mental Health Services, while only 4.8 per cent (CI: 4.0%–5.9%) of children whose primary carer had not used Mental Health Services had themselves been seen by Mental Health Services (Table 6.19).

In this survey, the mental health of carers has not been separately assessed. Use of Mental Health Services is the only available measure of the mental health problems of the carer. The association between carers' use of Mental Health Services and use of Mental Health Services by their children could reflect the association between mental health problems in parents and children, and it may also reflect the accessibility and availability of services.

After accounting for age, sex and LORI, logistic regression modelling found that family functioning, risk of clinically significant emotional or behavioural difficulties, and carer contact with Mental Health Services are all independent predictors of Mental Health Service use by children and young people (Table 6.20). Children who were at high risk of clinically significant emotional or behavioural difficulties were almost four times more likely to have used Mental Health Services than children at low risk (Odds Ratio 3.71; CI: 2.62–5.26). In addition to the effect of emotional or behavioural difficulties, children in families in the bottom quartile of family functioning were almost twice as likely as children in families in the top quartile of family function to have used Mental Health Services (Odds Ratio 1.81; CI: 1.03–3.17) (Table 6.20).

After adjusting for risk of clinically significant emotional or behavioural difficulties and family functioning, as well as demographic factors, children whose carer had been seen by Mental Health Services were two and a half times more likely (Odds Ratio 2.55; CI: 1.76–3.70) to have used Mental Health Services themselves than children whose carers had never had contact with Mental Health Services (Table 6.20).

Replacing risk of clinically significant emotional or behavioural difficulties as the measure of emotional and behavioural wellbeing with risk of clinically significant functional impairment, it was found that children who were at high risk of clinically significant functional impairment were over four times more likely (Odds Ratio 4.23; CI: 2.88–6.22) to have been seen by Mental Health Services than children at low risk (Table 6.21).

VALIDITY OF THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

The data presented here provide two measures of criterion related validity in carer-reported measures of a child's risk of clinically significant emotional or behavioural difficulties.

First, using contacts with Mental Health Services as an independent measure of mental health problems, these data show a significant relationship between risk of clinically significant emotional or behavioural difficulties measured by the SDQ, and the use of Mental Health Services. Aboriginal children at high risk of clinically significant emotional or behavioural difficulties were almost four times more likely (Odds Ratio 3.71; CI: 2.62–5.26) to have had contact with Mental Health Services at some point in time prior to the survey compared with children at low risk.

Second, those children who were at high risk of clinically significant functional impairment as measured by the SDQ were over four times more likely (Odds Ratio 4.23; CI: 2.88–6.22) to have had contact with Mental Health Services compared with children at low risk.

MENTAL HEALTH SERVICES: LEVELS OF UNMET NEED FOR ABORIGINAL CHILDREN AND THEIR CARERS

Swan and Raphael in their seminal 1995 report *Ways Forward* noted their frustration at lack of published information on the mental health status of Aboriginal children and their use of mental health services – there was simply non available.[12] The paucity of empirical data on the epidemiology of mental health problems in Aboriginal Australians as well as the absence of comprehensive administrative data on mental health service utilisation by Aboriginal Australians has been highlighted in successive government reports since the National Aboriginal Health Strategy was published in 1989.[13-16]

It is within this wider history and context of Aboriginal health policy — and Aboriginal mental health policy specifically — that the data in this chapter are relevant. To our knowledge these are the first data that describe the use of Mental Health Services by Australian Aboriginal and Torres Strait Islander children. Setting aside the fact that it is not possible to ascertain the cultural appropriateness or quality of the services received, these data show:

- *Substantial unmet need.* Some 26.3 per cent (CI: 23.9%–28.8%) of Aboriginal children aged 4–11 years and 20.5 per cent (CI: 17.7%–23.6%) of children aged 12–17 years were found to be at high risk of clinically significant emotional or behavioural difficulties. In comparison, of Aboriginal children aged 4–11 years only 3.8 per cent (CI: 2.9%–4.8%) have had contact with Mental Health Services and for children aged 12–17 years only 11.0 per cent (CI: 9.0%– 13.2%)

Continued . . . .

MENTAL HEALTH SERVICES: LEVELS OF UNMET NEED FOR ABORIGINAL CHILDREN AND THEIR CARERS *(continued)*

have had contact with Mental Health Services. If one accepts that a considerable proportion of those children who are at high risk of clinically significant emotional or behavioural difficulties would benefit from Mental Health Services, then these figures demonstrate considerable unmet need. Looking only at children at high risk of clinically significant emotional or behavioural difficulties, the proportion who have ever had contact with Mental Health Services was only 8.4 per cent (CI: 5.6%–12.2%) of children aged 4–11 years and 22.4 per cent (CI: 16.3%–29.8%) of children aged 12–17 years. Also, children under the age of 4 years are rarely seen. No specific specialist 'under fives' mental health programs currently operate in the state. The only dedicated service, the Family Early Intervention Program (FEIP) was closed in 2003. Typically, post-natal depression programs focus on the mother and her newborn child and do not fully cater for the needs of any other children in the family under 5 years.

- *Higher rates of contact with Mental Health Services by carers of Aboriginal children*. The proportion of carers who have had contact with Mental Health Services was significantly higher than the population average.
- *Significant associations between carer and child mental health*. As with the general population, there is a clear association between the mental health of carers and the risk of clinically significant emotional or behavioural difficulties in their children — children of carers who have had contact with Mental Health Services were two and a half times more likely to have had contact with Mental Health Services compared with children whose carers had no previous contact. Poor family functioning was also significantly and independently associated with use of Mental Health Services.
- *Geographical variation in use of Mental Health Services by carers*. The proportion of carers who have had contact with Mental Health Services was highest in areas of low and moderate relative isolation. These proportions were higher than for carers who live in the Perth metropolitan region. The lowest proportions were found in areas of high and extreme relative isolation.

  Unlike the Perth metropolitan area where Mental Health Services are delivered by tertiary hospitals and specialist mental health clinics, Mental Health Services in rural areas are delivered from regional hospitals or community health centres. This may result in a greater likelihood of carers of Aboriginal children having access to, or being seen for, mental health care. Regional services may also be more culturally appropriate or perceived by Aboriginal people to be so, partly owing to the larger population proportion of Aboriginal people living in or near these regional centres.

Continued . . . .

MENTAL HEALTH SERVICES: LEVELS OF UNMET NEED FOR ABORIGINAL CHILDREN AND THEIR CARERS *(continued)*

- *The proportion of Aboriginal children who have had contact with Mental Health Services declines steadily with increasing relative isolation.* This reflects both the decreasing proportion of children at high risk of clinically significant emotional or behavioural difficulties in these areas as well as the lack of available services.

The delivery of Mental Health Services for children and young people occurs across a range of settings — government, non-government and private agencies. These services are not merely the responsibility of the Mental Health Services organised and delivered by the Department of Health. Notwithstanding this, there is considerable unmet need for mental health services to Aboriginal and non-Aboriginal children; a notable lack of mental health services for Aboriginal children; and a serious likelihood that such problems, when they occur at a young age are less likely to receive assistance when early intervention has a greater impact on life course outcome.

ENDNOTES

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DETAILED TABLES

CARERS CONTACTS WITH MENTAL HEALTH SERVICES

TABLE 6.1: CARERS CONSENTING TO RECORD LINKAGE — CONTACT WITH MENTAL HEALTH SERVICES, BY LEVEL OF RELATIVE ISOLATION (LORI)

LORI	*Used Mental Health Services?*	*Number*	*95% CI*	*%*	*95% CI*
			Males		
None	No	1 760	(1 600 - 1 950)	84.0	(78.6 - 88.3)
	Yes	340	(240 - 460)	16.0	(11.7 - 21.4)
	Total	**2 100**	**(1 930 - 2 280)**	**100.0**	
Low	No	1 280	(1 120 - 1 450)	76.7	(70.8 - 81.7)
	Yes	390	(300 - 500)	23.3	(18.3 - 29.2)
	Total	**1 670**	**(1 490 - 1 860)**	**100.0**	
Moderate	No	980	(790 - 1 210)	80.1	(74.5 - 85.3)
	Yes	240	(170 - 330)	19.9	(14.7 - 25.5)
	Total	**1 220**	**(1 000 - 1 480)**	**100.0**	
High	No	530	(380 - 720)	89.3	(83.5 - 93.2)
	Yes	60	(30 - 100)	10.7	(6.8 - 16.5)
	Total	**590**	**(430 - 800)**	**100.0**	
Extreme	No	620	(440 - 840)	90.4	(84.9 - 94.2)
	Yes	70	(40 - 110)	9.6	(5.8 - 15.1)
	Total	**680**	**(500 - 910)**	**100.0**	
Total	No	5 170	(4 880 - 5 460)	82.5	(79.8 - 84.8)
	Yes	1 100	(940 - 1 270)	17.5	(15.2 - 20.2)
	Total	**6 270**	**(5 980 - 6 560)**	**100.0**	
			Females		
None	No	3 190	(2 950 - 3 440)	72.8	(67.6 - 77.6)
	Yes	1 190	(980 - 1 440)	27.2	(22.4 - 32.4)
	Total	**4 380**	**(4 180 - 4 590)**	**100.0**	
Low	No	2 120	(1 860 - 2 390)	70.0	(65.2 - 74.5)
	Yes	910	(750 - 1 080)	30.0	(25.5 - 34.8)
	Total	**3 030**	**(2 730 - 3 350)**	**100.0**	
Moderate	No	1 860	(1 560 - 2 180)	72.5	(67.0 - 77.7)
	Yes	710	(530 - 910)	27.5	(22.3 - 33.0)
	Total	**2 570**	**(2 160 - 3 000)**	**100.0**	
High	No	940	(630 - 1 330)	86.6	(80.4 - 91.2)
	Yes	150	(90 - 220)	13.4	(8.8 - 19.6)
	Total	**1 080**	**(760 - 1 510)**	**100.0**	
Extreme	No	1 000	(730 - 1 320)	85.7	(77.6 - 91.2)
	Yes	170	(90 - 290)	14.3	(8.8 - 22.4)
	Total	**1 160**	**(860 - 1 540)**	**100.0**	
Total	No	9 110	(8 740 - 9 480)	74.5	(71.8 - 77.0)
	Yes	3 120	(2 800 - 3 450)	25.5	(23.0 - 28.2)
	Total	**12 200**	**(11 900 - 12 500)**	**100.0**	

TABLE 6.2: WA POPULATION — PROPORTION WHO HAVE HAD CONTACT WITH MENTAL HEALTH SERVICES, DECEMBER 1998

Age group	*Males*	*Females*	*Persons*
	%	%	%
0–4	0.6	0.4	0.5
5–9	3.6	2.2	2.9
10–14	7.2	4.7	6.0
15–19	8.9	8.2	8.6
20–24	10.0	10.6	10.3
25–29	10.8	12.8	11.8
30–34	10.0	13.5	11.8
35–39	9.7	13.7	11.7
40–44	9.6	14.0	11.8
45–49	9.4	13.9	11.6
50–54	8.8	12.9	10.8
55–59	8.5	12.0	10.2
60–64	7.6	10.0	8.8
65–69	6.9	9.0	7.9
70–74	6.3	8.4	7.4
75–79	6.5	9.1	8.0
80–84	7.9	11.8	10.3
85 and over	14.5	17.0	16.2
Total	**8.0**	**10.0**	**9.0**

Source: Duty to Care[3]

CARERS' PSYCHIATRIC DIAGNOSES

TABLE 6.3: CARERS WHO HAVE USED MENTAL HEALTH SERVICES — PRINCIPAL PSYCHIATRIC DIAGNOSIS RECORDED ON MHIS

Principal diagnosis	*Number*	*95% CI*	*%*	*95% CI*
		Males		
Dementia	10	(0 - 150)	1.3	(0.0 - 12.3)
Alcohol/drug disorders	330	(250 - 410)	29.6	(23.4 - 36.2)
Schizophrenia	30	(10 - 80)	3.2	(1.0 - 6.7)
Affective psychoses	130	(90 - 190)	12.0	(8.2 - 16.8)
Other psychoses	20	(10 - 50)	2.1	(0.9 - 4.6)
Neurotic disorders	150	(90 - 230)	13.8	(8.8 - 20.3)
Personality disorders	40	(10 - 100)	3.8	(1.3 - 8.9)
Adjustment reaction	90	(60 - 130)	8.0	(5.2 - 11.8)
Depressive disorder	10	(0 - 20)	0.9	(0.3 - 2.1)
Other mental disorder	140	(90 - 210)	13.1	(8.5 - 18.4)
Attempted self harm	100	(40 - 190)	8.9	(4.2 - 17.7)
Non specific diagnosis	30	(10 - 70)	3.1	(1.3 - 6.5)
Total	**1 100**	**(940 - 1 270)**	**100.0**	
		Females		
Dementia	0	(0 - 60)	0.0	(0.0 - 1.8)
Alcohol/drug disorders	380	(260 - 510)	12.1	(8.7 - 16.5)
Schizophrenia	60	(30 - 100)	1.9	(1.1 - 3.1)
Affective psychoses	480	(360 - 640)	15.3	(11.6 - 20.1)
Other psychoses	40	(20 - 70)	1.3	(0.6 - 2.2)
Neurotic disorders	640	(470 - 870)	20.7	(15.5 - 26.5)
Personality disorders	80	(40 - 140)	2.5	(1.3 - 4.2)
Adjustment reaction	260	(170 - 400)	8.5	(5.6 - 12.7)
Depressive disorder	290	(190 - 410)	9.4	(6.4 - 13.0)
Other mental disorder	350	(250 - 500)	11.3	(7.9 - 15.6)
Attempted self harm	380	(280 - 490)	12.1	(9.1 - 15.6)
Non specific diagnosis	150	(70 - 290)	4.8	(2.2 - 8.9)
Total	**3 120**	**(2 800 - 3 450)**	**100.0**	
		Persons		
Dementia	10	(0 - 150)	0.3	(0.0 - 3.4)
Alcohol/drug disorders	700	(570 - 860)	16.7	(13.5 - 20.1)
Schizophrenia	100	(60 - 150)	2.3	(1.4 - 3.5)
Affective psychoses	610	(480 - 780)	14.5	(11.3 - 18.0)
Other psychoses	60	(40 - 100)	1.5	(0.9 - 2.3)
Neurotic disorders	800	(610 - 1 030)	18.9	(14.7 - 23.4)
Personality disorders	120	(70 - 190)	2.9	(1.6 - 4.5)
Adjustment reaction	350	(250 - 480)	8.4	(6.0 - 11.5)
Depressive disorder	300	(200 - 420)	7.2	(5.0 - 10.0)
Other mental disorder	500	(370 - 640)	11.8	(8.9 - 15.0)
Attempted self harm	480	(360 - 610)	11.3	(8.6 - 14.3)
Non specific diagnosis	180	(100 - 320)	4.4	(2.4 - 7.5)
Total	**4 210**	**(3 860 - 4 580)**	**100.0**	

TABLE 6.4: PERSONS AGED 20–49 YEARS IN WA WHO HAVE HAD CONTACT WITH MENTAL HEALTH SERVICES — PRINCIPAL PSYCHIATRIC DIAGNOSIS BY SEX, DECEMBER 1998

Principal diagnosis	*Males*	*Females*	*Persons*
	%	%	%
Dementia	0.0	0.0	0.0
Alcohol/drug disorders	15.5	6.1	10.3
Schizophrenia	6.9	2.5	4.5
Affective psychoses	6.5	8.8	7.8
Other psychoses	2.6	1.8	2.2
Neurotic disorders	10.5	17.9	14.6
Personality disorders	5.0	3.4	4.1
Adjustment reaction	7.8	11.6	9.9
Depressive disorder	2.3	4.8	3.7
Other mental disorder	22.1	15.3	18.3
Attempted self harm	8.4	11.6	10.2
Non specific diagnosis	11.8	15.5	13.8
Total	**100.0**	**100.0**	**100.0**

Source: Duty to Care[3]

ABORIGINAL IDENTIFICATION ON MHIS

TABLE 6.5: CARERS WHO HAVE USED MENTAL HEALTH SERVICES — ABORIGINAL IDENTIFICATION IN WAACHS COMPARED TO MHIS

MHIS Aboriginal status	*Number*	*95% CI*	*%*	*95% CI*
	WAACHS Aboriginal status — Aboriginal or Torres Strait Islander			
Aboriginal or Torres Strait Islander	2 730	(2 440 - 3 030)	81.6	(76.6 - 85.8)
Non-Aboriginal	590	(440 - 780)	17.6	(13.3 - 22.4)
Not stated	30	(10 - 80)	0.8	(0.2 - 2.5)
Total	**3 350**	**(3 020 - 3 680)**	**100.0**	
	WAACHS Aboriginal status — Non-Aboriginal			
Aboriginal or Torres Strait Islander	0	(0 - 10)	0.4	(0.1 - 0.9)
Non-Aboriginal	820	(650 - 1 020)	98.0	(95.3 - 99.5)
Not stated	10	(0 - 40)	1.6	(0.3 - 4.7)
Total	**840**	**(670 - 1 040)**	**100.0**	
	WAACHS Aboriginal status — Not stated			
Aboriginal or Torres Strait Islander	**30**	**(10 - 70)**	**100.0**	**(15.8 - 100.0)**
Non-Aboriginal	0	(0 - 60)	0.0	(0.0 - 84.2)
Not stated	0	(0 - 60)	0.0	(0.0 - 84.2)
Total	**30**	**(10 - 70)**	**100.0**	
	WAACHS Aboriginal status — Total			
Aboriginal or Torres Strait Islander	2 770	(2 480 - 3 070)	65.6	(60.7 - 70.3)
Non-Aboriginal	1 410	(1 170 - 1 660)	33.4	(28.7 - 38.3)
Not stated	40	(10 - 90)	1.0	(0.3 - 2.2)
Total	**4 210**	**(3 860 - 4 580)**	**100.0**	

TABLE 6.6: CARERS WHO HAVE USED MENTAL HEALTH SERVICES — ABORIGINAL IDENTIFICATION IN WAACHS COMPARED TO MHIS

WAACHS Aboriginal status	*Number*	*95% CI*	*%*	*95% CI*
	MHIS Aboriginal Status — Aboriginal or Torres Strait Islander			
Aboriginal or Torres Strait Islander	2 730	(2 440 - 3 030)	98.7	(97.3 - 99.5)
Non-Aboriginal	0	(0 - 10)	0.1	(0.0 - 0.3)
Not stated	30	(10 - 70)	1.2	(0.4 - 2.6)
Total	**2 770**	**(2 480 - 3 070)**	**100.0**	
	MHIS Aboriginal Status — Non-Aboriginal			
Aboriginal or Torres Strait Islander	590	(440 - 780)	41.7	(32.7 - 51.0)
Non-Aboriginal	820	(650 - 1 020)	58.3	(49.0 - 67.3)
Not stated	0	(0 - 60)	0.0	(0.0 - 3.9)
Total	**1 410**	**(1 170 - 1 660)**	**100.0**	
	MHIS Aboriginal Status — Not stated			
Aboriginal or Torres Strait Islander	30	(10 - 80)	67.7	(14.7 - 94.7)
Non-Aboriginal	10	(0 - 40)	32.3	(5.3 - 85.3)
Not stated	0	(0 - 60)	0.0	(0.0 - 70.8)
Total	**40**	**(10 - 90)**	**100.0**	
	MHIS Aboriginal Status — Total			
Aboriginal or Torres Strait Islander	3 350	(3 020 - 3 680)	79.4	(75.0 - 83.1)
Non-Aboriginal	840	(670 - 1 040)	19.8	(16.1 - 24.2)
Not stated	30	(10 - 70)	0.8	(0.2 - 1.7)
Total	**4 210**	**(3 860 - 4 580)**	**100.0**	

ASSOCIATIONS WITH CONTACTS WITH MENTAL HEALTH SERVICES

TABLE 6.7: CARERS — EVER SMOKED CIGARETTES REGULARLY, BY USE OF MENTAL HEALTH SERVICES

Ever smoked cigarettes regularly?	*Number*	*95% CI*	*%*	*95% CI*
	Never used Mental Health Services			
No	5 160	(4 780 - 5 560)	36.2	(33.7 - 38.7)
Yes	9 110	(8 680 - 9 540)	63.8	(61.3 - 66.3)
Total	**14 300**	**(13 900 - 14 700)**	**100.0**	
	Has used Mental Health Services			
No	1 080	(890 - 1 280)	25.5	(21.4 - 29.8)
Yes	3 140	(2 820 - 3 470)	74.5	(70.2 - 78.6)
Total	**4 210**	**(3 860 - 4 580)**	**100.0**	
	Consent not given to link to medical records			
No	310	(210 - 440)	30.9	(22.2 - 39.7)
Yes	690	(540 - 870)	69.1	(60.3 - 77.8)
Total	**1 000**	**(800 - 1 230)**	**100.0**	
	Total			
No	6 550	(6 140 - 6 970)	33.6	(31.5 - 35.8)
Yes	12 900	(12 500 - 13 400)	66.4	(64.2 - 68.5)
Total	**19 500**	**(19 400 - 19 500)**	**100.0**	

TABLE 6.8: CARERS — WHETHER CURRENTLY SMOKES CIGARETTES, BY USE OF MENTAL HEALTH SERVICES

Currently smoke cigarettes?	*Number*	*95% CI*	*%*	*95% CI*
		Never used Mental Health Services		
No longer smokes regularly	2 150	(1 900 - 2 420)	15.0	(13.3 - 16.8)
Smokes regularly	6 970	(6 550 - 7 390)	48.8	(46.2 - 51.5)
Never smoked regularly	5 160	(4 780 - 5 560)	36.2	(33.7 - 38.7)
Total	**14 300**	**(13 900 - 14 700)**	**100.0**	
		Has used Mental Health Services		
No longer smokes regularly	600	(470 - 760)	14.3	(11.3 - 17.8)
Smokes regularly	2 540	(2 250 - 2 850)	60.2	(55.4 - 64.7)
Never smoked regularly	1 080	(890 - 1 280)	25.5	(21.4 - 29.8)
Total	**4 210**	**(3 860 - 4 580)**	**100.0**	
		Consent not given to link to medical records		
No longer smokes regularly	260	(170 - 390)	26.3	(18.1 - 35.6)
Smokes regularly	430	(320 - 550)	42.8	(33.7 - 51.9)
Never smoked regularly	310	(210 - 440)	30.9	(22.2 - 39.7)
Total	**1 000**	**(800 - 1 230)**	**100.0**	
		Total		
No longer smokes regularly	3 010	(2 720 - 3 330)	15.5	(13.9 - 17.1)
Smokes regularly	9 930	(9 500 - 10 400)	51.0	(48.6 - 53.3)
Never smoked regularly	6 550	(6 140 - 6 970)	33.6	(31.5 - 35.8)
Total	**19 500**	**(19 400 - 19 500)**	**100.0**	

TABLE 6.9: CARERS — REPORTED FINANCIAL STRAIN, BY USE OF MENTAL HEALTH SERVICES

Family's money situation	*Number*	*95% CI*	*%*	*95% CI*
		Never used Mental Health Services		
Spending more money than we get	1 180	(1 000 - 1 380)	8.3	(7.0 - 9.7)
Have just enough to get through to next pay	6 070	(5 670 - 6 480)	42.5	(39.9 - 45.1)
Some money left over each week but spend it	1 970	(1 680 - 2 300)	13.8	(11.8 - 16.0)
Can save a bit now and again	4 400	(4 060 - 4 760)	30.8	(28.6 - 33.2)
Can save a lot	660	(520 - 820)	4.6	(3.7 - 5.7)
Total	**14 300**	**(13 900 - 14 700)**	**100.0**	
		Has used Mental Health Services		
Spending more money than we get	600	(460 - 770)	14.2	(11.1 - 18.0)
Have just enough to get through to next pay	1 970	(1 720 - 2 250)	46.7	(41.8 - 51.6)
Some money left over each week but spend it	530	(400 - 690)	12.6	(9.7 - 16.2)
Can save a bit now and again	950	(790 - 1 130)	22.4	(18.7 - 26.4)
Can save a lot	170	(80 - 300)	4.0	(2.1 - 7.4)
Total	**4 210**	**(3 860 - 4 580)**	**100.0**	
		Consent not given to link to medical records		
Spending more money than we get	70	(40 - 110)	7.0	(3.9 - 10.8)
Have just enough to get through to next pay	340	(240 - 480)	34.1	(25.4 - 44.0)
Some money left over each week but spend it	200	(120 - 310)	19.9	(13.5 - 28.7)
Can save a bit now and again	360	(260 - 480)	36.0	(27.4 - 44.7)
Can save a lot	30	(0 - 110)	2.9	(0.4 - 10.8)
Total	**1 000**	**(800 - 1 230)**	**100.0**	
		Total		
Spending more money than we get	1 850	(1 610 - 2 110)	9.5	(8.3 - 10.8)
Have just enough to get through to next pay	8 380	(7 920 - 8 830)	43.0	(40.7 - 45.3)
Some money left over each week but spend it	2 700	(2 370 - 3 050)	13.8	(12.1 - 15.7)
Can save a bit now and again	5 710	(5 320 - 6 110)	29.3	(27.3 - 31.3)
Can save a lot	860	(680 - 1 050)	4.4	(3.5 - 5.4)
Total	**19 500**	**(19 400 - 19 500)**	**100.0**	

TABLE 6.10: PRIMARY CARERS — WHETHER EVER ARRESTED, BY USE OF MENTAL HEALTH SERVICES

Ever arrested?	*Number*	*95% CI*	*%*	*95% CI*
		Never used Mental Health Services		
No	6 220	(5 910 - 6 540)	68.7	(66.1 - 71.2)
Yes	2 840	(2 600 - 3 080)	31.3	(28.8 - 33.9)
Total	**9 060**	**(8 770 - 9 340)**	**100.0**	
		Has used Mental Health Services		
No	1 450	(1 250 - 1 670)	47.3	(42.1 - 52.4)
Yes	1 620	(1 420 - 1 830)	52.7	(47.6 - 57.9)
Total	**3 060**	**(2 790 - 3 340)**	**100.0**	
		Consent not given to link to medical records		
No	300	(210 - 410)	66.9	(54.0 - 77.8)
Yes	150	(90 - 220)	33.1	(22.2 - 46.0)
Total	**440**	**(330 - 580)**	**100.0**	
		Total		
No	7 960	(7 670 - 8 260)	63.4	(61.1 - 65.7)
Yes	4 600	(4 310 - 4 890)	36.6	(34.3 - 38.9)
Total	**12 600**	**(12 500 - 12 600)**	**100.0**	

TABLE 6.11: CARERS CONSENTING TO RECORD LINKAGE: LIKELIHOOD OF HAVING HAD CONTACT WITH MENTAL HEALTH SERVICES IN WA

Has had contact with Mental Health Services in WA			
Parameter	*Significance (p value)*	*Odds Ratio*	*95% CI*
Sex			
Male		1.00	
Female	<0.001	1.99	(1.44 - 2.76)
Age group			
< 25 years		1.00	
25–34 years	0.496	1.10	(0.83 - 1.45)
35–44 years	0.999	1.00	(0.74 - 1.34)
45 years or over	0.339	1.19	(0.84 - 1.69)
Not stated	0.252	0.54	(0.19 - 1.55)
Level of Relative Isolation			
None		1.00	
Low	0.050	1.26	(1.00 - 1.59)
Moderate	0.224	1.18	(0.90 - 1.54)
High	0.008	0.52	(0.32 - 0.84)
Extreme	0.001	0.48	(0.31 - 0.74)
Smokes cigarettes?			
Never smoked		1.00	
Former smoker	0.178	1.23	(0.91 - 1.66)
Current smoker	<0.001	1.65	(1.31 - 2.07)
Family's money situation			
Spending more money than we get	0.125	1.50	(0.89 - 2.52)
Just enough to get through to next pay	0.651	0.90	(0.56 - 1.43)
Some money left over each week but spend it	0.184	0.70	(0.42 - 1.18)
Can save a bit now and again	0.059	0.63	(0.39 - 1.02)
Can save a lot		1.00	
Physical health			
No medical condition > 6 months		1.00	
Medical condition but not limiting	<0.001	1.54	(1.22 - 1.96)
Limited in daily activities	<0.001	2.93	(2.27 - 3.77)
Primary carer arrested charged with offence (a)?			
Primary carer— Never arrested or charged		1.00	
Arrested or charged with an offence	<0.001	2.19	(1.74 - 2.76)
Secondary carer	0.022	1.50	(1.06 - 2.13)

(a) Only primary carers were asked if they had ever been arrested or charged with an offence

CONTACTS WITH MENTAL HEALTH SERVICES BY ABORIGINAL CHILDREN

TABLE 6.12: CHILDREN AGED 0–17 YEARS (a) — CONTACT WITH MENTAL HEALTH SERVICES, BY AGE GROUP AND SEX

Age Group	*Used Mental Health Services?*	*Number*	*95% CI*	*%*	*95% CI*
			Males		
0–3 years	No	3 530	(3 220 - 3 860)	99.1	(98.4 - 99.6)
	Yes	30	(10 - 60)	0.9	(0.4 - 1.7)
	Total	**3 560**	**(3 240 - 3 890)**	**100.0**	
4–11 years	No	6 590	(6 220 - 6 970)	95.3	(93.9 - 96.4)
	Yes	330	(250 - 420)	4.7	(3.6 - 6.1)
	Total	**6 920**	**(6 540 - 7 300)**	**100.0**	
12–17 years	No	3 790	(3 390 - 4 220)	88.8	(85.0 - 91.9)
	Yes	480	(350 - 650)	11.2	(8.1 - 15.0)
	Total	**4 270**	**(3 860 - 4 700)**	**100.0**	
Total	No	13 900	(13 400 - 14 400)	94.3	(93.0 - 95.5)
	Yes	840	(680 - 1 040)	5.7	(4.5 - 7.0)
	Total	**14 700**	**(14 300 - 15 200)**	**100.0**	
			Females		
0–3 years	No	3 180	(2 880 - 3 510)	99.4	(98.7 - 99.9)
	Yes	20	(0 - 40)	0.6	(0.1 - 1.3)
	Total	**3 200**	**(2 890 - 3 530)**	**100.0**	
4–11 years	No	6 140	(5 740 - 6 550)	97.2	(95.8 - 98.3)
	Yes	170	(110 - 260)	2.8	(1.7 - 4.2)
	Total	**6 310**	**(5 910 - 6 730)**	**100.0**	
12–17 years	No	3 900	(3 570 - 4 250)	89.2	(86.4 - 91.7)
	Yes	470	(360 - 600)	10.8	(8.3 - 13.6)
	Total	**4 370**	**(4 020 - 4 740)**	**100.0**	
Total	No	13 200	(12 700 - 13 700)	95.2	(94.1 - 96.1)
	Yes	660	(530 - 810)	4.8	(3.9 - 5.9)
	Total	**13 900**	**(13 400 - 14 400)**	**100.0**	
			Total		
0–3 years	No	6 710	(6 270 - 7 170)	99.3	(98.7 - 99.6)
	Yes	50	(30 - 90)	0.7	(0.4 - 1.2)
	Total	**6 760**	**(6 320 - 7 220)**	**100.0**	
4–11 years	No	12 700	(12 200 - 13 200)	96.2	(95.2 - 97.1)
	Yes	500	(390 - 640)	3.8	(2.9 - 4.8)
	Total	**13 200**	**(12 700 - 13 700)**	**100.0**	
12–17 years	No	7 690	(7 180 - 8 220)	89.0	(86.8 - 91.0)
	Yes	950	(780 - 1 150)	11.0	(9.0 - 13.2)
	Total	**8 640**	**(8 120 - 9 180)**	**100.0**	
Total	No	27 100	(26 700 - 27 500)	94.8	(93.9 - 95.6)
	Yes	1 500	(1 270 - 1 760)	5.2	(4.4 - 6.1)
	Total	**28 600**	**(28 300 - 28 900)**	**100.0**	

(a) Only children whose carers gave consent for the survey team to access their child's medical records

TABLE 6.13: CHILDREN AGED 4–17 YEARS (a) —USE OF MENTAL HEALTH SERVICES, BY AGE GROUP AND LEVEL OF RELATIVE ISOLATION (LORI)

LORI	*Used Mental Health Services?*	*Number*	*95% CI*	*%*	*95% CI*
			4–11 years		
None	No	4 290	(3 970 - 4 630)	94.7	(92.0 - 96.6)
	Yes	240	(150 - 360)	5.3	(3.4 - 8.0)
	Total	**4 530**	**(4 220 - 4 860)**	**100.0**	
Low	No	3 250	(2 880 - 3 630)	96.3	(94.0 - 97.7)
	Yes	130	(70 - 200)	3.7	(2.3 - 6.0)
	Total	**3 370**	**(3 000 - 3 760)**	**100.0**	
Moderate	No	2 530	(2 100 - 3 010)	96.1	(92.8 - 98.1)
	Yes	100	(40 - 180)	3.9	(1.9 - 7.2)
	Total	**2 630**	**(2 200 - 3 130)**	**100.0**	
High	No	1 440	(1 070 - 1 880)	98.7	(97.2 - 99.4)
	Yes	20	(10 - 40)	1.3	(0.6 - 2.8)
	Total	**1 460**	**(1 100 - 1 930)**	**100.0**	
Extreme	No	1 220	(860 - 1 640)	98.7	(97.2 - 99.4)
	Yes	20	(10 - 30)	1.3	(0.6 - 2.8)
	Total	**1 230**	**(890 - 1 680)**	**100.0**	
Total	No	12 700	(12 300 - 13 200)	96.2	(95.1 - 97.1)
	Yes	500	(380 - 660)	3.8	(2.9 - 4.9)
	Total	**13 200**	**(12 800 - 13 700)**	**100.0**	
			12–17 years		
None	No	2 650	(2 350 - 2 950)	86.5	(82.3 - 90.2)
	Yes	410	(300 - 550)	13.5	(9.8 - 17.7)
	Total	**3 060**	**(2 760 - 3 380)**	**100.0**	
Low	No	1 810	(1 540 - 2 110)	88.6	(83.8 - 92.5)
	Yes	230	(150 - 340)	11.4	(7.5 - 16.2)
	Total	**2 040**	**(1 750 - 2 350)**	**100.0**	
Moderate	No	1 450	(1 150 - 1 800)	87.7	(82.6 - 91.7)
	Yes	200	(130 - 290)	12.3	(8.3 - 17.4)
	Total	**1 660**	**(1 340 - 2 030)**	**100.0**	
High	No	860	(640 - 1 150)	93.3	(87.8 - 96.7)
	Yes	60	(30 - 110)	6.7	(3.3 - 12.2)
	Total	**920**	**(680 - 1 210)**	**100.0**	
Extreme	No	920	(670 - 1 220)	95.8	(93.2 - 97.7)
	Yes	40	(20 - 70)	4.2	(2.3 - 6.8)
	Total	**960**	**(710 - 1 280)**	**100.0**	
Total	No	7 690	(7 250 - 8 150)	89.0	(86.9 - 90.9)
	Yes	950	(790 - 1 130)	11.0	(9.1 - 13.1)
	Total	**8 640**	**(8 190 - 9 100)**	**100.0**	

Continued . . . .

TABLE 6.13 *(continued)*: CHILDREN AGED 4–17 YEARS (a) — USE OF MENTAL HEALTH SERVICES, BY AGE GROUP AND LEVEL OF RELATIVE ISOLATION (LORI)

LORI	*Used Mental Health Services?*	*Number*	*95% CI*	*%*	*95% CI*
				Total	
None	No	6 940	(6 700 - 7 180)	91.4	(88.9 - 93.4)
	Yes	650	(500 - 840)	8.6	(6.6 - 11.1)
	Total	**7 590**	**(7 400 - 7 780)**	**100.0**	
Low	No	5 060	(4 580 - 5 550)	93.4	(91.3 - 95.2)
	Yes	360	(260 - 480)	6.6	(4.8 - 8.7)
	Total	**5 420**	**(4 920 - 5 930)**	**100.0**	
Moderate	No	3 980	(3 330 - 4 710)	92.9	(89.9 - 95.3)
	Yes	310	(200 - 450)	7.1	(4.7 - 10.1)
	Total	**4 290**	**(3 590 - 5 040)**	**100.0**	
High	No	2 300	(1 750 - 2 980)	96.6	(94.4 - 98.0)
	Yes	80	(40 - 130)	3.4	(2.0 - 5.6)
	Total	**2 380**	**(1 810 - 3 080)**	**100.0**	
Extreme	No	2 140	(1 570 - 2 840)	97.4	(95.8 - 98.4)
	Yes	60	(30 - 90)	2.6	(1.6 - 4.2)
	Total	**2 200**	**(1 600 - 2 890)**	**100.0**	
Total	No	20 400	(20 100 - 20 800)	93.4	(92.2 - 94.4)
	Yes	1 450	(1 230 - 1 700)	6.6	(5.6 - 7.8)
	Total	**21 900**	**(21 600 - 22 100)**	**100.0**	

(a) Only children whose carers gave consent for the survey team to access their child's medical records

USE OF MENTAL HEALTH SERVICES AND THE MENTAL HEALTH OF ABORIGINAL CHILDREN AND YOUNG PEOPLE

TABLE 6.14: CHILDREN AGED 4–17 YEARS (a)— USE OF MENTAL HEALTH SERVICES, BY RISK OF CLINICALLY SIGNIFICANT EMOTIONAL OR BEHAVIOURAL DIFFICULTIES AND AGE GROUP

Risk of clinically significant emotional or behavioural difficulties	*Used Mental Health Services?*	*Number*	*95% CI*	*%*	*95% CI*
			4–11 years		
Low	No	7 900	(7 440 - 8 360)	98.0	(97.3 - 98.6)
	Yes	160	(110 - 220)	2.0	(1.4 - 2.7)
	Total	**8 060**	**(7 600 - 8 520)**	**100.0**	
Moderate	No	1 640	(1 460 - 1 840)	97.1	(93.6 - 98.7)
	Yes	50	(20 - 110)	2.9	(1.3 - 6.4)
	Total	**1 690**	**(1 500 - 1 890)**	**100.0**	
High	No	3 190	(2 880 - 3 530)	91.6	(87.8 - 94.4)
	Yes	290	(190 - 430)	8.4	(5.6 - 12.2)
	Total	**3 490**	**(3 150 - 3 840)**	**100.0**	
Total	No	12 700	(12 300 - 13 200)	96.2	(95.1 - 97.1)
	Yes	500	(380 - 660)	3.8	(2.9 - 4.9)
	Total	**13 200**	**(12 800 - 13 700)**	**100.0**	
			12–17 years		
Low	No	5 620	(5 210 - 6 030)	93.4	(91.6 - 95.1)
	Yes	390	(300 - 520)	6.6	(4.9 - 8.4)
	Total	**6 010**	**(5 600 - 6 440)**	**100.0**	
Moderate	No	680	(520 - 860)	81.7	(73.3 - 88.5)
	Yes	150	(100 - 240)	18.3	(11.5 - 26.7)
	Total	**830**	**(650 - 1 030)**	**100.0**	
High	No	1 400	(1 150 - 1 690)	77.6	(70.2 - 83.7)
	Yes	410	(290 - 550)	22.4	(16.3 - 29.8)
	Total	**1 810**	**(1 530 - 2 110)**	**100.0**	
Total	No	7 690	(7 250 - 8 150)	89.0	(86.9 - 90.9)
	Yes	950	(790 - 1 130)	11.0	(9.1 - 13.1)
	Total	**8 640**	**(8 190 - 9 100)**	**100.0**	
			Total		
Low	No	13 500	(13 000 - 14 100)	96.1	(95.2 - 96.9)
	Yes	550	(440 - 680)	3.9	(3.1 - 4.8)
	Total	**14 100**	**(13 500 - 14 600)**	**100.0**	
Moderate	No	2 310	(2 080 - 2 570)	92.0	(88.3 - 95.0)
	Yes	200	(120 - 300)	8.0	(5.0 - 11.7)
	Total	**2 510**	**(2 260 - 2 780)**	**100.0**	
High	No	4 590	(4 160 - 5 040)	86.8	(83.3 - 89.9)
	Yes	700	(530 - 910)	13.2	(10.1 - 16.7)
	Total	**5 290**	**(4 830 - 5 780)**	**100.0**	
Total	No	20 400	(20 100 - 20 800)	93.4	(92.2 - 94.4)
	Yes	1 450	(1 230 - 1 700)	6.6	(5.6 - 7.8)
	Total	**21 900**	**(21 600 - 22 100)**	**100.0**	

(a) Only children whose carers gave consent for the survey team to access their child's medical records

TABLE 6.15: CHILDREN AGED 4–17 YEARS (a) — USE OF MENTAL HEALTH SERVICES, BY RISK OF CLINICALLY SIGNIFICANT SPECIFIC DIFFICULTIES

Risk of clinically significant specific difficulties	*Used Mental Health Services?*	*Number*	*95% CI*	*%*	*95% CI*
			Emotional symptoms		
Low	No	13 700	(13 100 - 14 200)	95.8	(94.7 - 96.7)
	Yes	600	(470 - 750)	4.2	(3.3 - 5.3)
	Total	**14 300**	**(13 700 - 14 800)**	**100.0**	
Moderate	No	2 270	(1 990 - 2 590)	91.8	(88.8 - 94.2)
	Yes	200	(140 - 270)	8.2	(5.8 - 11.2)
	Total	**2 480**	**(2 190 - 2 800)**	**100.0**	
High	No	4 460	(4 040 - 4 910)	87.2	(83.7 - 90.2)
	Yes	650	(490 - 840)	12.8	(9.8 - 16.3)
	Total	**5 110**	**(4 660 - 5 570)**	**100.0**	
Total	No	20 400	(20 100 - 20 800)	93.4	(92.2 - 94.4)
	Yes	1 450	(1 230 - 1 700)	6.6	(5.6 - 7.8)
	Total	**21 900**	**(21 600 - 22 100)**	**100.0**	
			Conduct problems		
Low	No	11 300	(10 700 - 11 900)	95.6	(94.4 - 96.5)
	Yes	530	(410 - 660)	4.4	(3.5 - 5.6)
	Total	**11 800**	**(11 200 - 12 400)**	**100.0**	
Moderate	No	2 440	(2 160 - 2 740)	93.9	(90.0 - 96.4)
	Yes	160	(90 - 260)	6.1	(3.6 - 10.0)
	Total	**2 600**	**(2 310 - 2 900)**	**100.0**	
High	No	6 700	(6 210 - 7 190)	89.7	(87.3 - 91.9)
	Yes	770	(610 - 960)	10.3	(8.1 - 12.7)
	Total	**7 470**	**(6 960 - 7 980)**	**100.0**	
Total	No	20 400	(20 100 - 20 800)	93.4	(92.2 - 94.4)
	Yes	1 450	(1 230 - 1 700)	6.6	(5.6 - 7.8)
	Total	**21 900**	**(21 600 - 22 100)**	**100.0**	
			Hyperactivity		
Low	No	15 600	(15 100 - 16 100)	95.2	(94.2 - 96.1)
	Yes	780	(640 - 960)	4.8	(3.9 - 5.8)
	Total	**16 400**	**(15 900 - 16 900)**	**100.0**	
Moderate	No	1 870	(1 610 - 2 150)	90.0	(86.7 - 92.8)
	Yes	210	(150 - 280)	10.0	(7.2 - 13.3)
	Total	**2 080**	**(1 820 - 2 360)**	**100.0**	
High	No	2 940	(2 600 - 3 310)	86.5	(82.2 - 90.2)
	Yes	460	(330 - 630)	13.5	(9.8 - 17.8)
	Total	**3 400**	**(3 030 - 3 790)**	**100.0**	
Total	No	20 400	(20 100 - 20 800)	93.4	(92.2 - 94.4)
	Yes	1 450	(1 230 - 1 700)	6.6	(5.6 - 7.8)
	Total	**21 900**	**(21 600 - 22 100)**	**100.0**	

Continued ....

TABLE 6.15 *(continued)*: CHILDREN AGED 4–17 YEARS (a) — USE OF MENTAL HEALTH SERVICES, BY RISK OF CLINICALLY SIGNIFICANT SPECIFIC DIFFICULTIES

Risk of clinically significant specific difficulties	*Used Mental Health Services?*	*Number*	*95% CI*	*%*	*95% CI*
			Peer problems		
Low	No	12 300	(11 800 - 12 800)	94.6	(93.6 - 95.6)
	Yes	700	(570 - 840)	5.4	(4.4 - 6.4)
	Total	**13 000**	**(12 400 - 13 500)**	**100.0**	
Moderate	No	2 620	(2 330 - 2 930)	92.6	(89.9 - 94.7)
	Yes	210	(150 - 290)	7.4	(5.3 - 10.1)
	Total	**2 830**	**(2 530 - 3 150)**	**100.0**	
High	No	5 500	(5 060 - 5 960)	91.0	(87.8 - 93.6)
	Yes	550	(380 - 750)	9.0	(6.4 - 12.2)
	Total	**6 050**	**(5 570 - 6 540)**	**100.0**	
Total	No	20 400	(20 100 - 20 800)	93.4	(92.2 - 94.4)
	Yes	1 450	(1 230 - 1 700)	6.6	(5.6 - 7.8)
	Total	**21 900**	**(21 600 - 22 100)**	**100.0**	
			Problems with prosocial behaviour		
Low	No	18 900	(18 500 - 19 300)	93.5	(92.4 - 94.6)
	Yes	1 310	(1 090 - 1 540)	6.5	(5.4 - 7.6)
	Total	**20 200**	**(19 900 - 20 600)**	**100.0**	
Moderate	No	650	(520 - 810)	91.0	(84.1 - 95.9)
	Yes	60	(30 - 120)	9.0	(4.1 - 15.9)
	Total	**720**	**(570 - 890)**	**100.0**	
High	No	830	(680 - 990)	91.0	(84.1 - 95.3)
	Yes	80	(40 - 150)	9.0	(4.7 - 15.9)
	Total	**910**	**(750 - 1 090)**	**100.0**	
Total	No	20 400	(20 100 - 20 800)	93.4	(92.2 - 94.4)
	Yes	1 450	(1 230 - 1 700)	6.6	(5.6 - 7.8)
	Total	**21 900**	**(21 600 - 22 100)**	**100.0**	

(a) Only children whose carers gave consent for the survey team to access their child's medical records

CHILDRENS' PSYCHIATRIC DIAGNOSES

TABLE 6.16: CHILDREN AGED 4–17 YEARS WHO HAVE USED MENTAL HEALTH SERVICES — PRINCIPAL DIAGNOSIS, BY AGE GROUP

Principal diagnosis	*Number*	*95% CI*	*%*	*95% CI*
		4–11 years		
Schizophrenia	0	(0 - 60)	0.0	(0.0 - 10.6)
Depression	30	(10 - 60)	5.5	(1.7 - 12.0)
Anxiety	110	(70 - 180)	22.5	(13.7 - 34.4)
Drug/alcohol abuse	20	(10 - 40)	4.7	(2.6 - 7.8)
Stress / adjustment	90	(50 - 160)	17.9	(9.5 - 28.8)
Conduct problems	100	(50 - 200)	20.2	(9.4 - 33.9)
Hyperactivity	50	(10 - 170)	10.3	(2.5 - 31.2)
Developmental problems	20	(0 - 60)	3.2	(0.4 - 11.0)
Attempted self-harm	10	(10 - 20)	2.4	(1.1 - 4.6)
Other	30	(10 - 70)	5.8	(2.4 - 13.2)
Observation	40	(10 - 80)	7.4	(2.4 - 16.3)
Total	**500**	**(380 - 660)**	**100.0**	
		12–17 years		
Schizophrenia	40	(10 - 120)	4.6	(1.4 - 12.2)
Depression	140	(80 - 230)	15.1	(9.1 - 23.8)
Anxiety	190	(110 - 290)	19.8	(12.1 - 28.6)
Drug/alcohol abuse	130	(60 - 240)	13.4	(6.7 - 23.5)
Stress / adjustment	210	(130 - 300)	21.6	(14.5 - 30.1)
Conduct problems	30	(10 - 80)	3.3	(1.0 - 8.8)
Hyperactivity	20	(0 - 70)	2.5	(0.3 - 7.5)
Developmental problems	40	(20 - 80)	4.4	(2.2 - 8.1)
Attempted self-harm	100	(70 - 130)	10.2	(6.8 - 14.4)
Other	10	(10 - 20)	1.2	(0.5 - 2.4)
Observation	40	(20 - 60)	3.9	(2.2 - 6.5)
Total	**950**	**(790 - 1 130)**	**100.0**	
		Total		
Schizophrenia	40	(10 - 120)	3.0	(0.8 - 7.7)
Depression	170	(100 - 260)	11.8	(7.2 - 17.2)
Anxiety	300	(210 - 420)	20.7	(14.7 - 27.3)
Drug/alcohol abuse	150	(80 - 250)	10.4	(5.6 - 17.0)
Stress / adjustment	300	(200 - 410)	20.3	(14.7 - 27.3)
Conduct problems	130	(70 - 220)	9.2	(5.3 - 15.4)
Hyperactivity	80	(30 - 190)	5.2	(1.8 - 12.4)
Developmental problems	60	(30 - 100)	4.0	(2.0 - 7.0)
Attempted self-harm	110	(80 - 150)	7.5	(5.3 - 10.5)
Other	40	(20 - 80)	2.8	(1.4 - 5.3)
Observation	70	(40 - 120)	5.1	(3.0 - 8.4)
Total	**1 450**	**(1 230 - 1 700)**	**100.0**	

TABLE 6.17: ALL CHILDREN AGED 4–17 YEARS OF AGE IN WA WHO HAVE HAD CONTACT WITH MENTAL HEALTH SERVICES — PRINCIPAL DIAGNOSIS, BY AGE GROUP

Principal diagnosis	*Age group*		*4–17 years*
	4–11 years	12–17 years	
	%	%	%
Schizophrenia	0.0	0.5	0.3
Depression	16.1	19.0	18.0
Anxiety	13.2	16.5	15.4
Drug/alcohol abuse	0.5	3.8	2.7
Stress / adjustment	27.7	25.2	26.1
Conduct problems	12.6	10.5	11.2
Hyperactivity	8.6	5.6	6.6
Developmental problems	6.3	5.0	5.4
Attempted self-harm	0.3	1.8	1.3
Other	14.1	11.5	12.4
Observation	0.1	0.0	0.1
Total	**100.0**	**100.0**	**100.0**

Source: Duty to Care[3]

FUNCTIONAL IMPACT AND USE OF MENTAL HEALTH SERVICES

TABLE 6.18: CHILDREN AGED 4–17 YEARS (a) — USE OF MENTAL HEALTH SERVICES, BY RISK OF CLINICALLY SIGNIFICANT FUNCTIONAL IMPAIRMENT AND AGE GROUP

Risk of clinically significant functional impairment	*Used Mental Health Services?*	*Number*	*95% CI*	*%*	*95% CI*
			4–11 years		
Low	No	11 200	(10 700 - 11 700)	97.8	(96.9 - 98.5)
	Yes	260	(180 - 360)	2.2	(1.5 - 3.1)
	Total	**11 500**	**(11 000 - 11 900)**	**100.0**	
Moderate	No	520	(370 - 690)	91.6	(85.4 - 96.0)
	Yes	50	(20 - 80)	8.4	(4.0 - 14.6)
	Total	**560**	**(420 - 740)**	**100.0**	
High	No	1 010	(820 - 1 220)	83.5	(75.4 - 89.7)
	Yes	200	(120 - 310)	16.5	(10.3 - 24.6)
	Total	**1 210**	**(1 000 - 1 450)**	**100.0**	
Total	No	12 700	(12 300 - 13 200)	96.2	(95.1 - 97.1)
	Yes	500	(380 - 660)	3.8	(2.9 - 4.9)
	Total	**13 200**	**(12 800 - 13 700)**	**100.0**	
			12–17 years		
Low	No	6 650	(6 220 - 7 090)	91.9	(90.1 - 93.6)
	Yes	580	(470 - 720)	8.1	(6.4 - 9.9)
	Total	**7 240**	**(6 810 - 7 690)**	**100.0**	
Moderate	No	280	(180 - 400)	80.2	(69.5 - 89.4)
	Yes	70	(40 - 110)	19.8	(10.6 - 30.5)
	Total	**350**	**(250 - 470)**	**100.0**	
High	No	760	(600 - 940)	71.9	(61.0 - 80.7)
	Yes	300	(190 - 440)	28.1	(19.3 - 39.0)
	Total	**1 060**	**(870 - 1 280)**	**100.0**	
Total	No	7 690	(7 250 - 8 150)	89.0	(86.9 - 90.9)
	Yes	950	(790 - 1 130)	11.0	(9.1 - 13.1)
	Total	**8 640**	**(8 190 - 9 100)**	**100.0**	
			Total		
Low	No	17 900	(17 400 - 18 300)	95.5	(94.6 - 96.3)
	Yes	840	(690 - 1 000)	4.5	(3.7 - 5.4)
	Total	**18 700**	**(18 200 - 19 100)**	**100.0**	
Moderate	No	800	(620 - 1 000)	87.3	(81.6 - 91.6)
	Yes	120	(80 - 160)	12.7	(8.4 - 18.4)
	Total	**910**	**(730 - 1 120)**	**100.0**	
High	No	1 770	(1 500 - 2 060)	78.1	(70.9 - 84.0)
	Yes	500	(350 - 700)	21.9	(16.0 - 29.1)
	Total	**2 270**	**(1 950 - 2 610)**	**100.0**	
Total	No	20 400	(20 100 - 20 800)	93.4	(92.2 - 94.4)
	Yes	1 450	(1 230 - 1 700)	6.6	(5.6 - 7.8)
	Total	**21 900**	**(21 600 - 22 100)**	**100.0**	

(a) Only children whose carers gave consent for the survey team to access their child's medical records

ASSOCIATION BETWEEN CARER AND CHILD USE OF MENTAL HEALTH SERVICES

TABLE 6.19: CHILDREN AGED 4–17 YEARS (a)— USE OF MENTAL HEALTH SERVICES, BY CARER USE OF MENTAL HEALTH SERVICES

Child has used Mental Health Services?	*Number*	*95% CI*	*%*	*95% CI*
		Carer has never used Mental Health Services		
No	15 200	(14 600 - 15 800)	95.2	(94.1 - 96.0)
Yes	780	(630 - 940)	4.8	(4.0 - 5.9)
Total	**16 000**	**(15 400 - 16 600)**	**100.0**	
		Carer has used Mental Health Services		
No	4 510	(4 010 - 5 030)	87.6	(84.1 - 90.8)
Yes	640	(470 - 840)	12.4	(9.2 - 15.9)
Total	**5 150**	**(4 600 - 5 710)**	**100.0**	
		Not known if carer has used Mental Health Services		
No	680	(490 - 910)	94.9	(88.1 - 98.3)
Yes	40	(10 - 80)	5.1	(1.7 - 11.9)
Total	**710**	**(530 - 950)**	**100.0**	
		Total		
No	20 400	(20 100 - 20 800)	93.4	(92.2 - 94.4)
Yes	1 450	(1 230 - 1 700)	6.6	(5.6 - 7.8)
Total	**21 900**	**(21 600 - 22 100)**	**100.0**	

(a) Only children whose carers gave consent for the survey team to access their child's medical records

TABLE 6.20: CHILDREN AGED 4–17 YEARS (a) — LIKELIHOOD OF HAVING USED MENTAL HEALTH SERVICES, ASSOCIATED WITH VARIOUS CHILD, FAMILY AND COMMUNITY LEVEL CHARACTERISTICS

Has used Mental Health Services in WA			
Parameter	*Significance (p value)*	*Odds Ratio*	*95% CI*
Sex			
Male	0.533	1.12	(0.78 - 1.60)
Female		1.00	
Age group			
4–7 years		1.00	
8–11 years	0.001	2.59	(1.45 - 4.63)
12–14 years	<0.001	5.26	(2.88 - 9.61)
15–17 years	<0.001	7.53	(4.10 - 13.80)
Level of Relative Isolation			
None		1.00	
Low	0.253	0.79	(0.52 - 1.19)
Moderate	0.342	0.78	(0.47 - 1.30)
High	0.002	0.35	(0.18 - 0.67)
Extreme	0.008	0.29	(0.12 - 0.72)
Risk of clinically significant emotional or behavioural difficulties			
Low		1.00	
Moderate	0.005	2.23	(1.28 - 3.88)
High	<0.001	3.71	(2.62 - 5.26)
Carer has used Mental Health Services			
No		1.00	
Yes	<0.001	2.55	(1.76 - 3.70)
Don't know	0.733	1.20	(0.42 - 3.41)
Family functioning quartiles			
Poor	0.040	1.81	(1.03 - 3.17)
Fair	0.177	1.54	(0.82 - 2.89)
Good	0.638	1.16	(0.63 - 2.14)
Very good		1.00	

(a) Only children whose carers gave consent for the survey team to access their child's medical records

TABLE 6.21: CHILDREN AGED 4–17 YEARS (a)— LIKELIHOOD OF HAVING USED MENTAL HEALTH SERVICES, ASSOCIATED WITH RISK OF CLINICALLY SIGNIFICANT FUNCTIONAL IMPAIRMENT (b)

Has used Mental Health Services in WA			
Parameter	*Significance (p value)*	*Odds Ratio*	*95% CI*
Risk of clinically significant functional impairment			
Low		1.00	
Moderate	0.035	2.11	(1.06 - 4.22)
High	<0.001	4.23	(2.88 - 6.22)

(a) Only children whose carers gave consent for the survey team to access their child's medical records

(b) Model also adjusts for age, sex, Level of Relative Isolation, family functioning and whether carer has used Mental Health Services