Substance use and mood disorders as a cause of death in Australia

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Background: The impetus for this research came from the recent Australian Bureau of Statistics publication *Suicides, Australia, 2010* (cat. no. 3309.0), which presents data on suicides by a range of demographic characteristics, including geographic location. Rates of suicide for the period 2006 to 2010 were higher in regional and rural areas than in capital cities, and over half of all suicides with multiple causes of death identified had a mental health condition as one of those causes.

When the relationship between suicide, mental health conditions and geography was explored further, it was found that many rural and regional areas of Australia had higher rates of mental health conditions as an associated cause of suicide deaths than city areas. This raised the question of whether the higher levels of associated mental health conditions in rural and regional Australia extended to deaths other than suicide.

Aim: To investigate the distribution of mental health conditions as associated causes of death across Australian regions.

Method: Causes of death (CoD) statistics are recorded for underlying cause (the disease or injury that initiated the train of morbid events leading directly to death), and multiple cause (causes and conditions reported on the death certificate that contributed to, were associated with, or were the underlying cause of the death). CoD are classified using the 10th revision of the International Classification of Diseases (ICD-10).

As mental health conditions encompass a range of disorders that require varying policy responses, it was decided to group ICD-10 mental and behavioural disorder categories to distinguish between psychological and somatic disorders, and present data for each group separately.

Data were analysed by associated cause mental health grouping; for all deaths, and for deaths with selected health conditions as the underlying cause (heart and circulatory conditions, cancers, dementia, diabetes and intentional self-
harm). This data was then disaggregated by capital city statistical divisions, other urban (regional), and rest of state (rural) for each state and territory.

**Findings:** Preliminary results suggest that there is unequal distribution of mental health conditions as associated causes of death across Australian regions, with deaths in rural and regional areas having higher concentrations of these associated conditions.

This data provides evidence to support mental health care and prevention policies targeting regional and rural communities.