Mental health and emotional wellbeing

- Recent data show a substantial reduction in youth suicide numbers in the last two and a half years.
- In 1999, over one third of all 120 deaths by suicide among people aged 15 to 24 years were in the eight cities.
- Rates of hospitalisations for attempted suicide across the eight cities tend to be lower than for the rest of New Zealand.
- Survey results suggest that many residents in the eight cities suffer from stresses of raising families and living on lower incomes.

WHAT THIS IS ABOUT

The term ‘mental health’ has long been considered to be more than the absence of mental illness. It is a broad term and has been described in the New Zealand context as that which nurtures spirituality, family, psychological/mental and emotional wellbeing, religion, physiology, environment, social responsibility and self.

Mental health problems are psychological and emotional reactions and behaviours that are outside the usual range experienced by people in their daily lives, and that cause distress to themselves and others (such as bereavement reactions, anxiety over life events, and problems associated with substance abuse). This can be conceptually distinct from ‘mental illness’ and ‘mental disorders’ which cover a broad range of clinically diagnosed problems, and include mood disorders, schizophrenia and other psychotic disorders, anxiety disorders, substance abuse disorders, conduct disorders, dementias and personality disorders.

Mental health and emotional wellbeing is a very difficult area to measure. Three proxy measures are used:
- Suicide
- Attempted suicide
- Emotional wellbeing.

WHAT DID WE FIND?

Suicide

Younger people have higher rates of suicide than other age groups. This measure shows the number of deaths from suicide in people aged 15 to 24 years as a proportion per 100,000 of the total population in that age group from 1997 to 1999. Because suicide is, in statistical terms, an uncommon event and rates can vary immensely from year to year, it is better to look at the total pattern of suicide rates over several years.

In 1999, the rate of suicide among young people aged 15 to 24 years was 18.1 per 100,000 in the eight cities combined (representing 48 suicides) and 30.1 deaths per 100,000 in the rest of New Zealand.

Overall, the youth suicide rate appears to be decreasing. Total youth suicide rates in New Zealand are currently the lowest since 1987, which is consistent with international trends. However, suicide remains a personal, family and community tragedy, and the prevention of suicide and suicide attempts is a priority under the New Zealand Health Strategy.

Rates of youth suicide are higher among males than females. For example, in the years 1997 to 1999, over two thirds of all youth suicide deaths in the eight cities were male.

93 Ibid
94 Ministry of Health 2002 Suicide Facts - Provisional 1999 statistics (all ages)
95 Research suggests that the differences in male and female suicide rates may be associated with choice of methods. Females, however, make more non-fatal suicide attempts. (Statistics New Zealand, Suicide Facts)
Suicides and attempted suicides are usually the result of a complex interplay of longer-term risk factors and stressful immediate events. Research has identified several factors that distinguish young people who make suicide attempts from other young people. These include social and education disadvantage, and a history of exposure to multiple family and parental disadvantages during childhood and adolescence. The development during adolescence of significant mental health problems, or adjustment and exposure to a serious or stressful life event immediately prior to the suicide attempt, are also factors. It is not clear, however, whether these risk factors may differ between youth in large cities and those not living in such environments.

Attempted suicide

This measure shows the number of hospitalisations for attempted suicide per 100,000 persons aged 15 to 24 years from 1997 to 1999.  

---

97 There are some limitations with the data on hospitalisation. The data may include cases of deliberate self-harm where the intent was not death. In addition, the data may include people who are admitted more than once during that year and includes those who died while in hospital. A further caveat is that admission criteria and coding conventions may vary across hospitals.
Mental health and emotional wellbeing

Continued...

In 1999, there was a total of 491 hospitalisations for attempted suicide among people aged 15 to 24 years in the eight largest cities. This represents approximately half of all hospitalisations among that age group for attempted suicide in the whole of New Zealand during that time.

Similar to the findings for suicide deaths, the rate of hospitalisations for attempted suicide across the eight cities tends to be lower than for the rest of New Zealand. For example, in 1999 the rate for the eight cities was 184.8 per 100,000 persons in that age group while the rate for the rest of New Zealand was 213.8 per 100,000. This pattern is also evident in 1997 and 1998. The overall numbers have declined since 1997.

More females are admitted to hospital for attempted suicide than males. For example, for the years 1997 to 1999 two thirds of all hospitalisations in the eight cities were females.

People who have already made one suicide attempt are at greater risk of dying by suicide; therefore it is important that such people get effective follow-up support and treatment.\textsuperscript{98}

Emotional wellbeing

The Eight Cities Quality of Life Survey 2002 asked a series of questions as proxy measures of emotional wellbeing among residents.

Respondents were asked how often they felt happy, and how often they felt calm and peaceful (in the last four weeks), on a six point scale from never to all of the time.\textsuperscript{99} Approximately two thirds of respondents in each city stated that they felt ‘happy’ all or most of the time, and half felt calm and peaceful all or most of the time.

People who were significantly more likely than others to state that they feel happy and peaceful all of the time were males, people aged 55 years and over, and those living with their partner only.

<table>
<thead>
<tr>
<th>RESIDENTS’ RATING OF EMOTIONAL WELLBEING WITHIN THE LAST FOUR WEEKS, TOTAL EIGHT CITIES (2002)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Calm and peaceful (in the last 4 weeks)</td>
</tr>
<tr>
<td>Happy</td>
</tr>
<tr>
<td>PERCENT</td>
</tr>
</tbody>
</table>

Those significantly less likely to feel happy or peaceful all of the time included females, those aged 18 to 34 years, and people living in larger size households and with dependants. These findings suggest that many residents in the eight cities suffer stresses of raising families and living on lower incomes.


\textsuperscript{99} Survey conducted in November 2002 therefore ‘the last four weeks’ refers to approximately October 2002.
Respondents were also asked about the effects of stress on their lives in the previous twelve months. The majority of people stated that they had experienced negative effects from stress and 11% stated that they had experienced an extremely negative effect. Only 5% of the sample stated that they had not experienced any stress in the previous twelve months.

Those significantly more likely to state that they had experienced stress which had an extremely negative effect on them included Europeans, females, people aged 45 to 54 years, and people living on their own.

Respondents were not asked what caused their stress, but they were asked whether they felt that they had someone that they could turn to for support. Most of those who stated that they experienced some level of stress in the last 12 months, felt that they had someone to turn to at least some of the time. Those significantly less likely to feel that they have someone to rely on included Asian/Indian/Pacific Islands people, people living in Manukau and males (especially those aged 35 to 54 years).

---

100 It was recognised when designing this survey that people's stress levels differ and that the ability to function efficiently under stress will also differ from person to person.