**Divisions of General Practice: Mental Health**

**Key Findings:**
- Respondents aged 16 years and over in the Adelaide Northern Division were more likely to have experienced psychological distress as defined by the K10.
- Respondents in the Adelaide Northern Division were more likely to report that their child had a mental health problem.
- Respondents in the Adelaide Northern and Adelaide Southern Divisions were more likely to report that their child has ever been treated for an emotional, mental health, or behavioural problem.

**Introduction**

This brief report provides a summary of key epidemiological information on the prevalence of mental health conditions, psychological distress, and suicidal ideation for respondents 16 years and over, and child mental health issues for respondents aged 2 to 15 years, by the Divisions of General Practice.

**Data Sources**

The South Australian Monitoring and Surveillance System (SAMSS) is a monthly telephone monitoring system which has been in operation across the state since July 2002. A minimum of 600 Computer Assisted Telephone Interviews (CATI) are conducted each month using a random selection of telephone numbers from the Electronic White Pages (EWP) directory. Personal interviews are conducted for people aged 16 years and over and an appropriate surrogate respondent is interviewed for infants and children under 16 years. Data are weighted by age, sex, area and probability of selection in the household to reflect the population of South Australia (SA). This analysis was based on n=17,236 respondents aged 16 years and over, and n=3985 respondents aged 2 to 15 years for the period of January 2004 to December 2006.

**Psychological Distress**

The level of psychological distress experienced by respondents aged 16 years and over was determined using the Kessler Psychological Distress 10 item scale (K10). This scale was developed to measure anxiety and depressive disorders in the general population.

The overall prevalence of psychological distress in SA was 9.7% (95% CI 9.3 - 10.2). Compared to the other Divisions combined the prevalence of psychological distress was statistically significantly lower in the following Divisions:
- Adelaide Hills (6.6%), and
- Limestone Coast (7.0%) (Table 1).

Compared to the other Divisions combined the prevalence of psychological distress was statistically significantly higher in the following Divisions:
- Adelaide Northern (12.2%) (Table 1).

<table>
<thead>
<tr>
<th>Division of General Practice</th>
<th>Psychological Distress % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adelaide Central &amp; Eastern</td>
<td>8.8 (7.8 - 10.0)</td>
</tr>
<tr>
<td>Adelaide Northern</td>
<td>12.2 (10.9 - 13.7) ↑</td>
</tr>
<tr>
<td>Adelaide North East</td>
<td>10.6 (9.3 - 12.1)</td>
</tr>
<tr>
<td>Adelaide Southern</td>
<td>9.9 (9.1 - 10.9)</td>
</tr>
<tr>
<td>Adelaide Western</td>
<td>10.0 (8.8 - 11.3)</td>
</tr>
<tr>
<td>Adelaide Hills</td>
<td>6.6 (5.0 - 8.5) ↓</td>
</tr>
<tr>
<td>Barossa</td>
<td>7.3 (5.4 - 10.0)</td>
</tr>
<tr>
<td>Eyre Peninsula</td>
<td>8.4 (6.4 - 11.0)</td>
</tr>
<tr>
<td>Flinders and Far North</td>
<td>12.8 (9.2 - 17.7)</td>
</tr>
<tr>
<td>Limestone Coast</td>
<td>7.0 (5.4 - 9.1) ↓</td>
</tr>
<tr>
<td>Mid North Rural SA</td>
<td>9.9 (7.4 - 13.0)</td>
</tr>
<tr>
<td>Murray Mallee</td>
<td>8.1 (5.8 - 11.3)</td>
</tr>
<tr>
<td>Riverland</td>
<td>11.3 (8.5 - 14.9)</td>
</tr>
<tr>
<td>Yorke Peninsula</td>
<td>7.8 (5.2 - 11.5)</td>
</tr>
<tr>
<td><strong>Overall SA</strong></td>
<td>9.7 (9.3 - 10.2)</td>
</tr>
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*↑ Statistically significantly (p<0.05) than the other Divisions combined.*

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2,3,4.

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Parents or caregivers of children aged 2 to 15 years were asked if their child has problems with emotions, concentration, behaviour, or getting on with people. The overall prevalence of child mental health problems in SA was 7.3% (95% CI 6.5 – 8.1). Compared to the other Divisions combined the proportion of respondents who reported their child as having problems was statistically significantly higher in the following Division:

- Adelaide Northern (11.4%) (Table 2).

### Table 2: Prevalence of child mental health problems by Divisions of General Practice, 2-15 years

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Statistically significantly (p<0.05) than the other Divisions combined.

Compared to the other Divisions combined the proportion of respondents who reported their child as having been treated for a mental health problem was statistically significantly higher in the following Divisions:

- Adelaide Northern (11.6%), and
- Adelaide Southern (11.0%) (Table 3).

Compared to the other Divisions combined the proportion of respondents who reported their child as having been treated for problems was significantly lower in the following Division:

- Adelaide Central and Eastern (6.7%) (Table 3).

### Table 3: Prevalence of child mental health treatment by Divisions of General Practice, 2-15 years

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Current Mental Health Condition

Current diagnosed mental health condition was determined if the respondent, aged 16 years and over, was ever diagnosed with a mental health condition such as anxiety, depression, a stress related problem, or any other mental health problem in the last 12 months, or was currently receiving treatment for a mental health condition.

Overall, the prevalence of current mental health condition in SA was 14.3% (95% CI 13.7 – 14.8). There were no significant differences between the Divisions.

### Suicidal Ideation

Suicidal ideation was determined based on four questions contained in the 28-item General Health Questionnaire (GHQ-28). The overall prevalence of suicidal ideation in SA was 4.9% (95% CI 4.5 – 5.4). There were no significant differences between the Divisions.

### Conclusion

These results are important to consider when planning for interventions, health promotion programs and treatment in relation to mental health issues.

### References

5. Goldberg D & Hillier V. A scaled version of the General Health Questionnaire. Psychological Medicine; 1979; 9, 139-145.

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