

Mental health and psychological distress in people who inject drugs, Northern Territory, 2010-2019

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Key Findings:

- Approximately one-third of NT IDRS participants report having a mental health problem in the six months before interview.
- Almost half of NT IDRS participants report high to very-high levels of psychological distress.
- The occurrence of mental health problems and levels of psychological distress among NT IDRS participants are consistently higher than in the general NT population.

Introduction

This bulletin presents a summary of selected aspects of the mental health problems and psychological distress reported by people who regularly inject drugs (PWID), as part of the Illicit Drug Reporting System (IDRS) in the Northern Territory (NT), and compares these reports to estimates from the general NT population. Understanding the relationship between mental illness and illicit drug use is recognised in The Fifth National Mental Health and Suicide Prevention Plan [1] as contributing to better physical health among those with mental illness.

Method

The IDRS comprises annual interviews with cross-sectional sentinel samples of approximately 100 people who regularly inject drugs recruited from Darwin, NT, using a structured questionnaire. Data for this bulletin were drawn from the IDRS surveys conducted from 2010 to 2019; the full background and methodologies for this project can be found [on the National Drug and Alcohol Research Centre \(NDARC\) website](#).

Participants are asked a variety of questions around their mental health, attendance to health professionals, related prescribed drug use and their level of psychological distress, as measured by the Kessler Psychological Distress Scale (K10) [2]. The K10 is a

questionnaire designed to measure the level of distress associated with psychological symptoms in the past four weeks and is appropriate for use with population surveys [3]. K10 scores were categorized using total score ranges consistent with those used by the Australian Bureau of Statistics (ABS); namely, no to low distress (score 1-15), moderate distress (score 16-21), and high to very high distress (score 22-50).

Self-reported mental health conditions in the past six months were collapsed to create three new variables: mood disorders (e.g. depression, mania, manic depression), anxiety-related problems (e.g., anxiety, panic, post-traumatic stress disorder) and ‘other’ conditions (e.g., paranoia, personality disorders, schizophrenia). Clustering of conditions was in accordance with grouping in the International Classification of Diseases 10th revision (ICD-10) coding and aligns with the groups used by the ABS in their National Health Surveys (NHS) [4]. Data concerning the occurrence of mental health conditions in the general NT population was also drawn from ABS NHS [4].

Results

Mental and behavioral conditions and psychological distress in the IDRS samples

From 2010 to 2019, between 19% and 34% of the IDRS samples have reported having had a mental health problem in the preceding 6 months, with no particular trend over time.

In all years, mood disorders, primarily depression, were more commonly reported than anxiety-related problems (Table 1). The proportion of the samples reporting ‘other’ conditions was between 4% and 6% annually from 2010 until 2015, increasing to 12% to 15% from 2017 to 2019 (Table 1).

Table 1: Self-reported mental health problems in the past six months among NT IDRS participants, by diagnostic category, 2010-2019

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Sample size (n)	99	98	125	91	93	99	90	109	99	99
Had mental health problem (n)	34	26	32	27	26	37	19	29	32	31
Had mental health problem (% sample)	34	27	26	30	28	37	21	27	32	31
Mood (affective) disorders (% sample)	25	21	19	20	15	29	17	22	24	22
Anxiety-related problems (% sample)	16	14	11	16	11	15	11	18	20	13
Other condition (% sample)	6	6	4	7	6	10	4	12	14	15

Source: NT IDRS participants

The levels of psychological distress, as measured by the K10, have also varied over the past ten years. Between 26% and 43% of the samples have recorded no to low levels of distress, 15% to 34% moderate levels and 31% to 51% high or very-high levels.

Table 2: Self-reported past month psychological distress (K10) among NT IDRS participants, 2010-2019

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Sample (n)	92	93	97	91	86	94	89	93	93	84
Low or no distress (%)	35	26	29	35	43	36	31	35	29	33
Moderate distress (%)	24	27	22	34	21	15	22	23	20	24
High or very high distress (%)	41	47	49	31	36	49	46	44	51	43

Source: NT IDRS participants

Comparison between general population and IDRS samples

The IDRS samples have consistently reported higher proportions of mental and behavioural problems and psychological distress than the general NT population.

In 2017-18, based on self-report, 8% of the NT population aged 18 and over were estimated to have mood disorder such as depression at the time of the NHS, 11% an anxiety-related problem, and 3% an ‘other’ mental health condition, such as schizophrenia (Table 3).

By way of comparison, in 2018, 24% of the NT IDRS sample reported a mood disorder (Table 1) and 20% an anxiety-related problem. Similarly, in 2015, 29% (Table 1) of the IDRS sample reported a mood disorder, compared to 8% (Table 3) in the general population, and 15% an anxiety-related disorder, compared to 7% in the general population.

In 2017-18, approximately 64% (Table 3) of persons in the NT were estimated to have experienced low levels of psychological distress in the previous 4 weeks, 16% moderate distress and 9% high to very high levels of distress. In comparison, in 2018, 29% (Table 2) of the IDRS sample recorded low or no distress and 51% high to very distress.

Table 3: Mental and behavioral problems and psychological distress, NT general population, 2014-2015 and 2017-2018.

Mental and behavioral problems	2011-15	2014-15	2017-18
Mood (affective) disorders	7.7	8.4	7.7
Anxiety related problems	2.2	7.2	10.7
Other	2.2	2.9	3.4
Psychological distress	2011-15	2014-15	2017-18
Low distress level	71.0	78.2	64.2
Moderate distress level	17.4	17.7	16.1
High/Very high distress level	11.1	74.4	9.2

Source: [5], [6], [7], [8], [9], [10]

Conclusions

People who inject drugs in the Northern Territory report higher levels of psychological distress and are more likely to report a mental health condition than the general population. This is likely to impact their physical health, their management of their drug use and the effectiveness of any support, care, or treatment they engage with, and suggests that the latter be ‘personalised and provided by the right service, at the right place and at the right time’ [1].

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