



# Mood and anxiety disorders in Australia and New Zealand's indigenous populations: A systematic review and meta-analysis



Emma Black<sup>a</sup>, Steve Kisely<sup>b,\*</sup>, Karolina Alichniewicz<sup>a</sup>, Maree Toombs<sup>a</sup>

<sup>a</sup> Rural Clinical School, School of Medicine, The University of Queensland, Australia

<sup>b</sup> University of Queensland, School of Medicine, Woolloongabba, Australia

## ARTICLE INFO

### Keywords:

Australia  
New Zealand  
Indigenous  
Maori  
Aboriginal and Torres Strait Islander peoples  
Psychiatric disorders

## ABSTRACT

The Indigenous populations of Australia and New Zealand are considered at higher risk of mood and anxiety disorders but many studies do not include direct comparisons with similar non-Indigenous controls. We conducted a systematic search of relevant electronic databases, as well as snowballing and targeted searches of the grey literature. Studies were included for meta-analysis if they compared rates of mood and anxiety disorders between Indigenous and non-Indigenous Australians or Maori. Seven Australian and 10 NZ studies were included. Overall, Indigenous people in both countries did not have significantly higher rates of disorder. However, in terms of specific disorders, there were differences in risk by gender, country (Australia or NZ), disorder type, and prevalence (current, 12-month or lifetime). For instance, Indigenous Australians and Maori both had significantly lower rates of simple phobias (current prevalence) and Maori participants had significantly lower rates of both lifetime simple phobia and generalised anxiety disorders. By contrast, Indigenous Australians had significantly higher rates of bipolar affective disorder and social phobia (current prevalence). Generalisations regarding the risk of psychiatric disorders in Indigenous people cannot therefore be made as this varies by several factors. These include disorder type, sociodemographic factors, Indigenous origin and study method.

## 1. Introduction

Australia and New Zealand's (NZ) Indigenous populations, comprising Aboriginal and Torres Strait Islander (Indigenous Australians) and Maori peoples (respectively), have experienced significant disadvantage over the last 200 years. Indigenous Australians form approximately 3.0% of Australia's population (Australian Bureau of Statistics, 2013), while Maori people form 14.9% of NZ's population (Statistics New Zealand, 2013). These populations fare worse than their non-Indigenous counterparts in terms of both health (Australian Bureau of Statistics, 2014; Ministry of Health, 2015) and life expectancy (Australian Institute of Health and Welfare, 2011; Statistics New Zealand, 2015). Further, both Indigenous Australian and Maori populations have higher rates of suicide (Australian Bureau of Statistics, 2012; Ministry of Health, 2011) and psychological distress (Australian Institute of Health and Welfare, 2011; Cunningham and Paradies, 2012; Gubhaju et al., 2013; Ministry of Health, 2015), resulting in a disproportionately high use of mental health services (Abas et al., 2003, 2008; Australian Institute of Health and Welfare, 2011).

Given these findings, it is also likely that there are higher rates of

formal psychiatric diagnoses in these groups. Whilst the physical health of these groups is well-understood, mental health is not as well-researched however. Previous reviews have attempted to identify rates of psychiatric disorders in Indigenous Australians (Black et al., 2015) and New Zealanders (Baxter, 2008), with varying findings. For instance, Black et al. found wide variability in the rates of psychiatric disorder for Indigenous Australians, with some studies reporting high rates (up to approximately 50% of participants) for anxiety and mood disorders. This variability was possibly due to varying samples (for example, community, medical, or corrections samples), as well as differences in design and methodology, measurement, and prevalence type (i.e., point, one year, or lifetime). No direct comparison was made between Indigenous Australians and similar non-Indigenous controls.

Baxter's (2008) review of Maori mental health literature determined that Maori also experienced high rates of disorder. Baxter presented studies making comparisons between Maori and non-Maori New Zealanders, finding that Maori were more likely to experience mood and anxiety disorders (some of which were significantly higher, depending on the disorder and study). However results were reported separately for the reviewed studies, and no statistical pooling was

\* Correspondence to: School of Medicine The University of Queensland Level 4, Building 1, Princess Alexandra Hospital, Ipswich Road, Woolloongabba QLD 4102, Australia.  
E-mail address: [s.kisely@uq.edu.au](mailto:s.kisely@uq.edu.au) (S. Kisely).

undertaken to determine generalisability across studies.

Neither of these reviews quantitatively analysed the data to determine if rates of psychiatric disorder were statistically greater than in similar non-Indigenous controls. This review aimed to address this gap by examining all available literature to determine the prevalence of common psychiatric (i.e., mood and anxiety) disorders in Maori and Indigenous Australian populations as compared to their non-Indigenous counterparts, with statistical pooling as appropriate.

## 2. Method

### 2.1. Inclusion criteria

Common Mental Disorders (CMDs) were examined. These include major depression, Generalised Anxiety Disorder (GAD), panic disorder, Obsessive-Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), and simple phobias (Kendrick and Pilling, 2012). Due to the focus on mood disorders, Bipolar Affective Disorder (BPAD) and dysthymic disorder were also included for analysis. These disorders were defined in accordance with diagnostic criteria specified by: the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5; American Psychiatric Association, 2013) or earlier versions of this manual; and the International Classification of Diseases, 10th Edition (ICD-10; World Health Organization, 1992).

Studies were included for analysis if they met the following criteria:

1. English-language, peer-reviewed empirical journal articles or government reports.
2. Prevalence data was cited for common psychiatric disorders (mood and anxiety). This could be lifetime, 12 month, or current prevalence.
3. The sample comprised Indigenous Australian or Maori populations of any age, with a non-Indigenous comparison group from Australia or NZ (respectively).

### 2.2. Search strategy

Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA; see Fig. 1; Moher et al., 2009) guidelines were followed. Articles published from 1994 to 2016 were included; this time frame was selected so as to be broad enough to capture as many papers as possible, and be consistent with the use of DSM-IV (American Psychiatric Association, 1994). Databases searched included PubMed, MedLine, CINAHL, Scopus, Web of Science, ScienceDirect, ProQuest Research Library, PsycInfo, PsycArticles, and the Informit Indigenous and Health Collections (comprising the following databases: AMI; APAIS-Health; ATSIHealth; AUSPORT; AusportMed; CINCH-Health; DRUG, Health & Society; HIVA; Health Collection; RURAL; AEI-ATSIS; AGIS-ATSIS; AHB-ATSIS; AIATSIS; APAIS-ATSIS; Indigenous Australia; CINCH-ATSIS; FAMILY-ATSIS; FNQ; Indigenous Collection; and MAIS-ATSIS). Keyword searches were conducted 'Across All Fields' in electronic databases, and included the following:

1. Medical Subject Headings (MESH) term search: 'Australia' AND 'Indigenous Population' AND 'Mental Disorders'
2. MESH: 'New Zealand' AND 'Indigenous Population' AND 'Mental Disorders'
3. 'Indigenous' AND 'Mental Health' AND 'Prevalence' AND 'Australia'
4. 'Maori' AND 'Mental Health' AND 'Prevalence' AND 'New Zealand'
5. 'Aboriginal' AND 'Psychiatric' AND 'Prevalence' AND 'Australia'
6. 'Maori' AND 'Psychiatric' AND 'Prevalence' AND 'New Zealand'

All searches were conducted in 2016, with the most recent search conducted on 12th July 2016. Retrieved results were imported into an Endnote x7 database (Thomson Reuters, 2013). Duplicate entries were removed with Endnote's 'Find Duplicates' function, followed by a

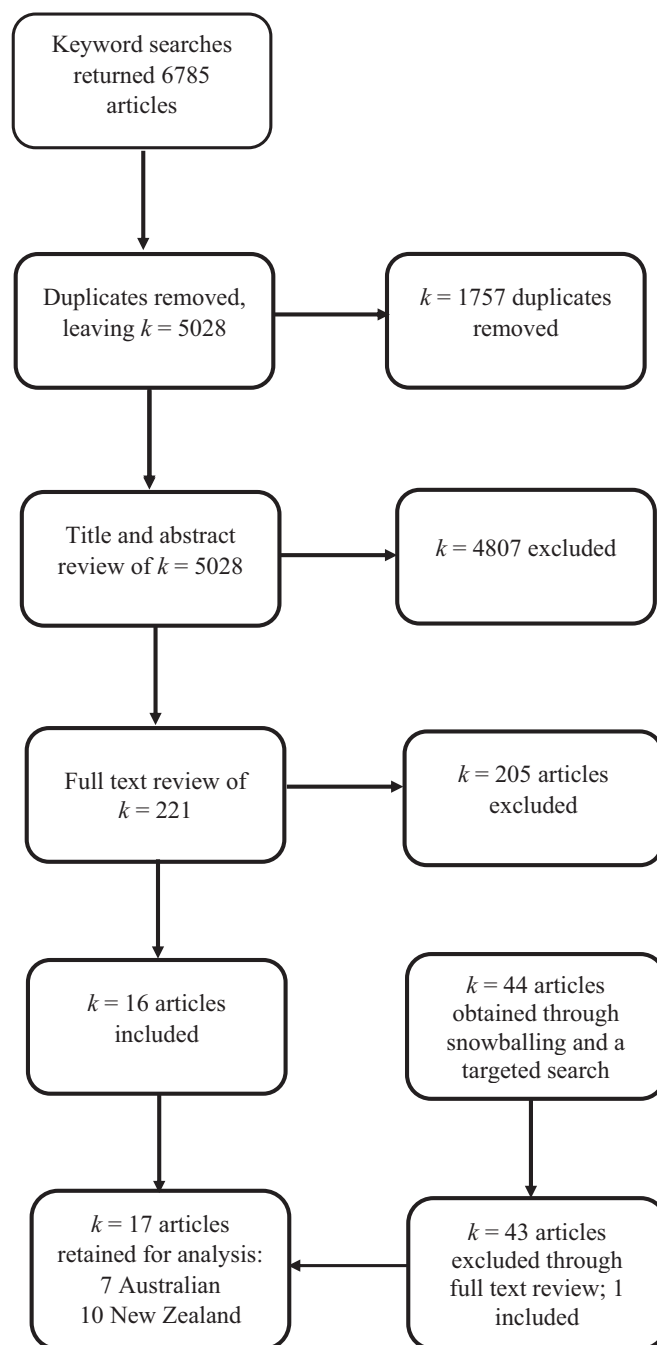


Fig. 1. Literature search strategy.

manual search through all papers to identify missed duplicates. Screening was then undertaken by reviewing titles and abstracts. Papers were then full text reviewed, and snowballing undertaken from the reference lists of included papers. Separate, targeted searches were also undertaken of the grey literature for relevant Australian and NZ government reports, as well as a search of the Cochrane Library. Papers retrieved through these targeted searches and snowballing were full text reviewed to determine eligibility for inclusion. Titles, abstracts, and papers were independently reviewed by two reviewers, as was data extraction and study quality (see below).

### 2.3. Study quality

The methodology of included studies was assessed using the model of Loney et al. (1998). This model is designed to assess epidemiological

Download English Version:

<https://daneshyari.com/en/article/4933165>

Download Persian Version:

<https://daneshyari.com/article/4933165>

[Daneshyari.com](https://daneshyari.com)