COVID-19 impact on unemployment: supplemented with Emergency Department (ED) presentations for mental health-related conditions

Notes on the Data: Indicators and Data sources

Young people aged 16 to 21 receiving an unemployment benefit, June 2019 and June 2020

Young people receiving an 'unemployment benefit' - which includes the Youth Allowance (other)[1] paid by the Department of Social Services - are shown as proportion of the population aged 16 to 21 years.

[1]Youth Allowance (other) is largely comprised of unemployed people aged 16 to 21 looking for full-time work or undertaking approved activities, such as part-time study or training. It excludes Youth Allowance customers who are full-time students or undertaking an apprenticeship/ traineeship.

Geography: Data available by Population Health Area (PHA), Local Government Area, Primary Health Network, quintile of socioeconomic disadvantage of area and Remoteness Area

Numerator: People in receipt of a Youth Allowance (other) from the Department of Human Services

Denominator: People aged 16 to 21 years

Detail of analysis: Per cent

Source: Compiled by PHIDU based on data from the Department of Social Services, June 2019 and June 2020; and ABS Estimated Resident Population, 30 June 2019 and PHIDU estimated population 2020.

People aged 22 to 64 receiving an unemployment benefit, June 2019 and June 2020

People receiving an 'unemployment benefit' - which includes the Newstart Allowance (June 2019) and JobSeeker Payment (June 2020) - are shown as proportion of the eligible population (of persons aged 22 to 64 years).

Geography: Data available by Population Health Area (PHA), Local Government Area, Primary Health Network, quintile of socioeconomic disadvantage of area and Remoteness Area

Numerator: People in receipt of a Newstart Allowance (June 2019) or JobSeeker Payment (June 2020) from the Department of Human Services

Denominator: People aged 22 to 64 years

Detail of analysis: Per cent

Source: Compiled by PHIDU based on data from the Department of Social Services, June 2019 and June 2020; and ABS Estimated Resident Population, 30 June 2019 and PHIDU estimated population 2020.

People receiving an unemployment benefit, June 2019 and June 2020

People receiving an 'unemployment benefit' - which includes the Youth Allowance (other)[1] or the Newstart Allowance (June 2019) and JobSeeker Payment (June 2020) - are shown as proportion of the eligible population (of persons aged 16 to 64 years).

[1]Youth Allowance (other) is largely comprised of unemployed people aged 16 to 21 looking for full-time work or undertaking approved activities, such as part-time study or training. It excludes Youth Allowance customers who are full-time students or undertaking an apprenticeship/ traineeship.

Geography: Data available by Population Health Area (PHA), Local Government Area, Primary Health Network, quintile of socioeconomic disadvantage of area and Remoteness Area

Numerator: People in receipt of a Youth Allowance (other) or Newstart Allowance (June 2019) and JobSeeker Payment (June 2020) from the Department of Human Services

Denominator: People aged 16 to 64 years

Detail of analysis: Per cent

Source: Compiled by PHIDU based on data from the Department of Social Services, June 2019 and June 2020; and ABS Estimated Resident Population, 30 June 2019 and PHIDU estimated population 2020.

A note on confidentialisation of data and potential undercount at the PHA level

Data cells with 1 to 4 counts were suppressed (confidentialised).

For the indicator, *People receiving an unemployment benefit*, the number of persons undercounted at the PHA level for 2020 was 178 persons (0.01% of total unemployed). In 2019, this number was 540 (0.07% of total unemployed).

This has occurred because of the use of already confidentialised data at the SA2 level.

PHA data may be the sum of already confidentialised freely available SA2 data if the publication of PHA data could reveal the value of confidentialised cells at the SA2 level. For these indicators, the number of people receiving this payment may be undercounted at the PHA level by up to four persons for each suppressed SA2. For the indicator, *People receiving an unemployment benefit*, it is possible to have confidentialised data at the SA2 level for both the Newstart/ Jobseeker and Youth allowance components resulting in a maximum potential undercount of 8 persons per affected SA2.

Internet access at home, 2016

A household can be considered to be disadvantaged if it lacks the resources to participate fully in society [1]. Access to the outside world, through the Internet provides a means of communicating with friends and family, as well as services, employers and schools, thereby increasing educational, employment and other opportunities, including social interaction [2].

Socioeconomic characteristics of households continue to influence the rate of computer and Internet connectivity across Australia. Households which do not have children under 15 years, those that are located in non-metropolitan or regional areas of Australia and/or have lower household incomes are less likely to have a computer and/or access to the Internet [2]. These socioeconomic factors also influence the take-up rate of broadband access (as opposed to dial-up access), in addition to the technical issues regarding service availability in certain locations.

At the 2016 Census of Population and Housing, 83.2% of households had at least one person access the Internet from the dwelling. This could have been through a desktop/laptop computer, mobile or smart phone, tablet, or any other device [3].

References

1. *Townsend P. Deprivation. J Soc Policy. 1987;16:125-46.*
2. *Australian Bureau of Statistics (ABS). Household use of information technology, Australia, 2010-11. (ABS Cat. no. 8146.0). Canberra: ABS; 2011.*
3. *ABS. 2016 Census Quick Stats. Canberra: ABS, accessed 8 August 2017. Available from: http://www.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/036*

Notes: The data indicators presented are:

- Internet accessed from dwelling
- Internet not accessed from dwelling
- Children aged less than 15 years living in dwellings from which Internet was not accessed

The numerator excludes the 2.7% of dwellings for which Internet access was not stated: however, these records are included in the denominator.

Records whether any member of the household accesses the Internet from the dwelling. This includes accessing the internet through a desktop/laptop computer, mobile or smart phone, tablet, music or video player, gaming console, smart TV or any other device. It also includes accessing through any type of connection for example ADSL, fibre, cable, wireless, satellite and mobile broadband (3G/4G).

Geography: Data available by Population Health Area (PHA), Local Government Area, Primary Health Network, Quintile of socioeconomic disadvantage of area and Remoteness Area

Numerator: Definitions are

a. Internet not accessed from the dwelling
b. Internet accessed from the dwelling
c. Children aged less than 15 years living in dwellings from which Internet was not accessed

Denominator: Definitions are

a. Total private dwelling
b. Total private dwelling
c. Children aged less than 15 years in private dwellings

Detail of analysis: Per cent

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2016

Summary measure of disadvantage, 2016

The Index of Relative Socio-economic Disadvantage (IRSD) is one of four Socio-Economic Indexes for Areas (SEIFAs) compiled by the Australian Bureau of Statistics (ABS) after the Census of Population and Housing. The aim is to represent the socioeconomic status (SES) of Australian communities and identify areas of advantage and disadvantage. The IRSD scores each area by summarising attributes of the population, such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations. It reflects the overall or average level of disadvantage of the population of an area. Being an average, the score is likely to reduce apparent differences between individuals in an area, and between areas: this is of particular importance for areas with larger populations.

The IRSD is a useful summary measure. However, if you are studying a particular population, then there may be more appropriate indicators. For example, if interested in children in disadvantaged families, you can use the indicator of the number of children in families where no parent has a job ('jobless' families); or the

number of children in families where the mother is receiving welfare benefits at the maximum level, due to having no other income.

Notes: The Index has a base of 1000 for Australia: scores above 1000 indicate relative lack of disadvantage and those below indicate relatively greater disadvantage.

For further information download the ABS Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016 - ABS Technical paper. (ABS Cat. no. 2033.0.55.001).

Geography: Data available by Population Health Area (PHA), Local Government Area, Primary Health Network, Quintile of socioeconomic disadvantage of area and Remoteness Area

Numerator: Index of Relative Socio-economic Disadvantage, derived by ABS from 2016 Census data

Denominator: ..

Detail of analysis: The Index has a base of 1000 for Australia: scores above 1000 indicate relative lack of disadvantage and those below indicate relatively greater disadvantage

Source: Compiled by PHIDU based on the ABS Socio-Economic Indexes for Areas (SEIFA), 2016 data

Public hospital mental health-related admissions by age, 2017/18

Admission to hospital is a formal process, and follows a decision made by an accredited medical practitioner at that hospital that a patient needs to be admitted for appropriate management or treatment of their condition, or for appropriate care or assessment of needs [1].

Patients are usually admitted to hospital either as an emergency or as a booked admission. Emergency admission patients are usually admitted through the Accident and Emergency Department: these are seriously injured or ill patients who need immediate treatment. Most patients receive hospital-based services as a booked (elective) admission, either as a same-day patient or an inpatient. A same-day patient comes to hospital for a test or treatment and returns home the same day. An overnight admission is recorded where a patient receives hospital treatment for a minimum of 1 night (that is, the patient is admitted to and separated from the hospital on different dates) or longer in the hospital.

References

1. *Australian Institute of Health and Welfare (AIHW). Australian hospital statistics 2012-13. Health services series no. 54. (Cat. no. HSE 145.) Canberra: AIHW; 2014.*

Notes: The data presented are of the number of separations, or completions of the episode of care of a patient in hospital, where the completion can be the discharge, death or transfer of the patient, or a change in the type of care (e.g., from acute to rehabilitation). In this atlas the term 'admission' is used in place of the more technical 'separation'. As these data relate to short-term episodes of care, and not to long-stay episodes, the number of admissions is similar to the number of separations in any year.

Note that the data are based on the count of all admissions. As such, repeat admissions for one person are counted as separate admissions. In addition, patients admitted to one hospital and transferred to another hospital are also counted as separate admissions. The impact of these hospital transfers is likely to result in a higher rate of admissions of people living in regional areas compared to the capital cities, as well as for certain conditions which are more likely to result in transfers.

Codes for presentations described as for 'mental health-related conditions' are as per Chapter ICD-10-AM, F00–F99 (Mental and behavioural disorders). For further details and caveats on the data see here.

Geography: Data available by Population Health Area (PHA), Local Government Area, Primary Health Network, Quintile of socioeconomic disadvantage of area and Remoteness Area

Numerator: Public hospital admissions for mental health-related conditions (ICD-10-AM Chapter F00-F99) by broad age groups, 0 to 14/ 0 to 19/ 15 to 24/ 25 to 44/ 45 to 64/ 65 years and over/ total

Denominator: Total population

Detail of analysis: Indirectly age-standardised rate per 100,000 (respective population); and/or indirectly age-standardised ratio, based on the Australian standard.

Source: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2017/18; and the ABS Estimated Resident Population, 30 June 2017 and 30 June 2018.

Emergency department presentations for mental health-related conditions, 2017/18

Public hospital emergency departments (ED) are accessible 24 hours a day, seven days a week, to provide acute and emergency care to patients arriving either by ambulance or by other means. While some people require immediate attention for life threatening conditions or trauma, most require less urgent care.

Timely access to care is a high priority for patients, health care providers and the public at large. Although there needs to be an appropriate balance between primary and acute care, EDs play an important role as a safety net in the health system, providing care to people who are unable to access services elsewhere (especially after hours) including care from general practitioners [1]. Examples include people who are homeless or transient.

The rate of presentations to ED for mental health-related conditions has increased steadily over the years, up by an average 3.2% per year from 2014-15 to 2018-19. The percentage increase for those aged 12-17 years eased slightly in 2018-19, compared with 2017-18; however, the rate was up by 4.7%, on 2014-15 levels. [2]

Codes for presentations described as for 'mental health-related conditions' are as per Chapter ICD-10-AM, F00–F99 (Mental and behavioural disorders). For further details and caveats on the data see here.

References

1 *Ford G. The role of the Emergency Department as a 'safety net'. Health Issues 2002;73:29-32.*
2 *Australian Institute of Health and Welfare (AIHW). Mental health services in Australia: Services provided in public hospital emergency departments. Available from https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/data: last accessed 5 February 2021*

Confidentiality of data: Counts of less than five presentations have been suppressed.

The Population Health Areas of 30057 Brisbane Inner - North - Central and 30051 Fortitude Valley/Spring Hill have been combined at the request of Queensland Health; data displayed is the combination of values and rates for these areas

Geography: Data available by Population Health Area (PHA), Local Government Area, Primary Health Network, Quintile of socioeconomic disadvantage of area and Remoteness Area

Numerator: Presentations to Emergency Departments for mental health-related conditions (ICD-10-AM Chapter F00-F99), by sex and broad age group (0 to 14/ 0 to 19/ 15 to 24/ 25 to 44/ 45 to 64/ 65 years and over/ total)

Denominator: Total population and population by sex and selected age group

Detail of analysis: Indirectly age-standardised rate per 100,000 (respective population); and/or indirectly age-standardised ratio, based on the Australian standard.

Source: Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2017/18; and the ABS Estimated Resident Population, 30 June 2017 and 30 June 2018.