Mental Health and Wellbeing: Profile of Adults, Australia

1997

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This publication presents selected results from the National Survey of Mental Health and Wellbeing of Adults, conducted from May to August 1997. Summary information is included on the prevalence of selected mental disorders, the level of disability associated with these disorders, and health services used and help needed as a consequence of a mental health problem for Australians aged 18 years or more.

The survey was an initiative of, and funded by, the Commonwealth Department of Health and Family Services (HFS) as part of the National Mental Health Strategy.

Expert groups, comprising representatives from a range of eminent research, clinical and academic organisations, provided advice on the survey content and design. These included the World Health Organization (WHO) Training and Reference Centre for CIDI (The WHO Centre) at the University of New South Wales, the National Health and Medical Research Council Psychiatric Epidemiology Research Centre at the Australian National University, the National Drug and Alcohol Research Centre at the University of New South Wales, the Departments of Psychiatry at the Universities of Western Australia, Melbourne and Adelaide, along with the Australian Institute of Health and Welfare.

The Composite International Diagnostic Interview (CIDI), a standard questionnaire endorsed by the WHO, was selected as the basis for developing the diagnostic component of the survey. The WHO Centre in Australia provided a computer based survey instrument incorporating the CIDI and specific modules to collect data on disability and health service use. A Technical Advisory Committee, comprising Professor Scott Henderson (Chair), Professor Gavin Andrews, Professor Wayne Hall, Professor Helen Herrman, Professor Assen Jablensky, and Professor Robert Kosky, endorsed the validity of the survey instrument. The Australian Bureau of Statistics (ABS) tested the instrument under household survey conditions.

ABS publications draw extensively on information provided freely by individuals, businesses, governments and other organisations. Their continued cooperation is very much appreciated: without it, the wide range of statistics published by the ABS would not be available. Information received by the ABS is treated in strict confidence as required by the *Census and Statistics Act 1905*.

W. McLennan Australian Statistician

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INTRODUCTION

INTRODUCTION

The designation of mental health by Commonwealth and State Governments as one of the five National Health Priority Areas is recognition of its social and public health importance. In addition to the pain and disability which may be suffered by individuals, mental illness may also burden their families considerably (Human Rights and Equal Opportunities Commission, 1993).

Mental health relates to emotions, thoughts and behaviours. A person with good mental health is generally able to handle day-to-day events and obstacles, work towards important goals, and function effectively in society. However, even minor mental health problems may affect everyday activities to the extent that individuals cannot function as they would wish, or are expected to, within their family and community. Consultation with a health professional may lead to the diagnosis of a mental disorder.

Diagnoses of mental disorders presented in this publication are based on the International Classification of Diseases — 10th revision (ICD–10), Classification of Mental and Behavioural Disorders. According to the ICD–10, a mental disorder implies 'the existence of a clinically recognisable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions' (WHO, 1992, p. 5).

BACKGROUND

The economic and personal costs of mental illness are major social and public health issues. In 1992 the Commonwealth, State and Territory governments of Australia endorsed the National Mental Health Strategy (NMHS). These governments have made a commitment through the NMHS to improve the lives of people with mental illness and of the people who care for them. The strategy aims to:

- promote the mental health of the Australian community
- where possible, prevent the development of mental health problems and mental disorders
- reduce the impact of mental disorders on individuals, families and the community
- assure the rights of people with mental disorders.

The reforms being pursued through the strategy are aimed to assist people with a mental illness have access to improved services and support.

In developing the strategy it was recognised that there was a lack of adequate mental health research and data on the prevalence of mental disorders and the welfare of mentally ill people in the community. In December 1994 a workshop commissioned by the Commonwealth Department of Health and Family Services (HFS) recommended the conduct of a national survey of mental health and wellbeing to meet this need. The survey was to comprise three components: an adult study; a child and adolescent study; and a study of low prevalence (psychotic) disorders, such as schizophrenia.

Subsequently HFS commissioned the Australian Bureau of Statistics (ABS) to conduct the adult component of the survey. Results will assist monitoring initiatives of the NMHS and provide an Australian baseline against which future activity can be compared and evaluated.

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FEATURES OF ADULT SURVEY

The 1997 National Survey of Mental Health and Wellbeing of Adults (SMHWB) was conducted from May to August 1997 from a representative sample of persons living in private dwellings in all States and Territories of Australia. Approximately 13,600 private dwellings were initially selected in the survey sample. One person aged 18 years or over from each dwelling was subsequently invited to participate. Approximately 10,600 people aged 18 years or over participated in the survey, representing a response rate of 78%. The SMHWB was conducted under the *Census and Statistics Act 1905* on a voluntary basis.

The SMHWB was designed to provide information on the prevalence of a range of major mental disorders for Australian adults. The range of mental disorders included in this survey was determined by a Technical Advisory Committee, taking into consideration: disorders that were expected to affect more than one per cent of the population; the capacity of the Composite International Diagnostic Interview (CIDI) to diagnose selected mental disorders; and the limitations of a household survey identifying relevant population groups.

Other survey topics included:

- a range of demographic and socioeconomic characteristics
- physical conditions
- disability associated with mental disorders
- health service use for a mental health problem

perceived need for health services for a mental health problem.

MEASURING MENTAL HEALTH

Measuring mental health in the community through household surveys is a complex task as mental disorder is usually determined through clinical diagnoses. For the SMHWB the diagnostic component of the interview was administered through a modified version of the CIDI. This is a comprehensive interview for adults which can be used to assess current and lifetime prevalence of mental disorders through the measurement of symptoms and their impact on day-to-day activities. The World Health Organization (WHO) Training and Reference Centre for CIDI (The WHO Centre) in Australia, contracted by HFS, developed a computerised version of the CIDI for the SMHWB.

To enable the diagnosis of a particular mental disorder, as reported in this publication, the CIDI translates the criteria of the ICD–10 into sets of questions that can be readily answered by the general adult population. The CIDI identifies potential symptoms of mental health problems and probes these symptoms to identify the level of severity (or clinical significance) and eliminates those which are always caused by physical intervention such as drugs, medicines, alcohol, illness or injury. Specific combinations of appropriate symptoms may lead to the diagnosis of a specific mental disorder (e.g. depression). Further details on criteria for mental disorder diagnosis will be contained in the forthcoming survey user guide.

SELECTED MENTAL DISORDERS

As noted earlier the survey collected information on a range of major mental disorders, but did not attempt to cover all disorders. Prevalence rates for the following mental disorders are presented in this publication:

- Anxiety disorders
 - Panic disorder
 - Agoraphobia
 - Social phobia
 - Generalised anxiety disorder (GAD)
 - Obsessive-compulsive disorder (OCD)
 - Post-traumatic stress disorder (PTSD)
- Affective disorders
 - Depression
 - Dysthymia
 - Mania
 - Hypomania
 - Bipolar affective disorder
- Alcohol use disorders
 - Harmful use
 - Dependence
- Drug use disorders
 - Harmful use
 - Dependence

DATA INTERPRETATION

The survey instrument also incorporates additional CIDI modules which provide a set of screening questions for other mental disorders such as personality disorders. These modules provide an indication of whether a disorder may be present. However, they do not collect sufficient information to determine whether the criteria for a diagnosis of a mental disorder by the CIDI are met. As a diagnosis for these mental disorders is not made, the overall prevalence rates of mental disorder presented in this publication may underestimate the extent of mental disorder in Australia.

The CIDI is a structured interview for diagnosis of mental disorder for research purposes. The CIDI can inform a clinician's diagnosis but not replace it. Estimates of mental disorders presented in this publication are not clinical diagnoses and are therefore dependent on the accuracy of diagnosis based on survey data.

The questions used in this survey to collect data on labour force status and educational qualifications differ from those used in other ABS surveys. As such, these data items provide an indication of an individual's status and, though not directly comparable with other ABS surveys, they are sufficient to associate with mental health status.

FURTHER INFORMATION

This publication contains only a selection of the information from this survey. A user guide and confidentialised unit record file will be available. Special tabulations can be produced by the ABS on request — see advertisement at the back of this publication.

SUMMARY OF FINDINGS

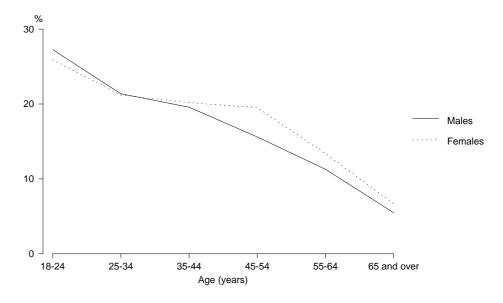
PREVALENCE

Mental disorders

The Human Rights and Equal Opportunity Commission (1993, pp. 908, 925) concluded that people with mental illness are among the most vulnerable and disadvantaged in our community; they may experience stigma and discrimination in many aspects of their lives. Mental illness can be transient; some people experience their illness only once and fully recover. For others, it recurs throughout their lives. For this survey the prevalence of mental disorders relates to any occurrence of selected disorders during the 12 months prior to the survey.

Many Australian adults enjoy good mental health. Nevertheless almost one in five (18%) had a mental disorder at some time during the 12 months prior to the survey. The prevalence of mental disorder generally decreased with age. Young adults aged 18–24 years had the highest prevalence of mental disorder (27%), declining steadily to 6.1% of those aged 65 years and over (see table 2).

Men and women had similar overall prevalence rates of mental disorder. However from age 35 years women were more likely to have a mental disorder than men (see table 2).



Males and females, prevalence of mental disorder(a)

(a) Mental disorders from the major groups: anxiety, affective and substance abuse disorders.

Types of mental disorders

While men and women had similar overall prevalence rates there were differences by type of mental disorder. Women were more likely than men to have experienced anxiety disorders (12% compared with 7.1%) and affective disorders (7.4% compared with 4.2%). On the other hand, men were more than twice as likely as women to have substance use disorders (11% compared with 4.5%) (see table 2).

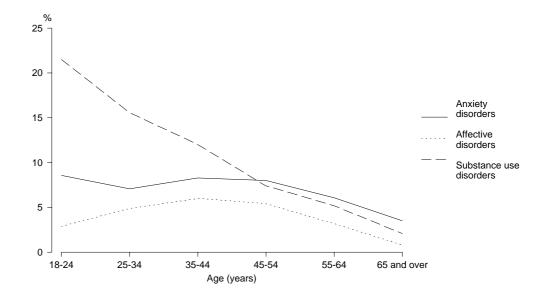
Anxiety disorders include conditions which involve feelings of tension, distress or nervousness, such as post-traumatic stress disorder. The highest rate of anxiety disorders (16%) was observed among women aged 45–54 years. For men, the prevalence of anxiety disorders varied little with age until age 55, after which the prevalence declined (see table 2).

The prevalence of affective (mood) disorders was highest at 11% for women aged 18–24 years, more than three times the rate for men of this age. For women, the prevalence of affective disorders generally declined with age while for men, rates increased in the middle years before declining after age 55 (see table 2).

Most people with an affective disorder met the criteria for depression (92% of women and 83% of men) (see table 1). People who are depressed lose their enjoyment of life, lack energy and concentration, and may suffer sleep and appetite disturbances.

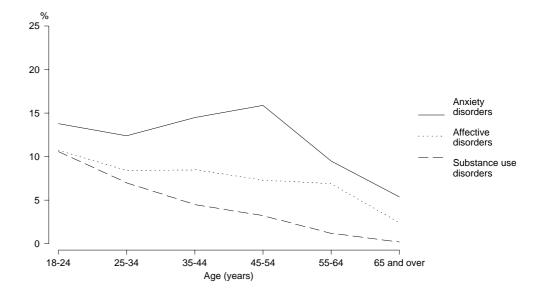
The survey obtained information on the use of alcohol and four groups of drugs which included both illegal and prescription drugs. Young men were particularly prone to substance use disorders, with about one in five of those aged 18–24 being affected. For both men and women the prevalence of substance use disorders declined with age to 1.1% of those aged 65 years and over. Alcohol use disorders were about three times as common as drug use disorders (see tables 1 and 2).

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Males, prevalence of types of mental disorders

Females, prevalence of types of mental disorders



SUMMARY OF FINDINGS continued

Age standardisation

Because mental disorder is age related, when examining the effect of factors such as household size, marital status and labour force status (all of which are also age related) it is useful to adjust the data to control for age. This is done by calculating age standardised prevalence rates. For further information see paragraphs 32 to 34 of the Explanatory Notes.

Living arrangements

Mental illness can have a disruptive influence in personal relationships. Sometimes the stigma and ignorance surrounding mental disorder lead to isolation. A lack of social contact can be as damaging and painful as the disorder itself. In this context it is important to consider the association of these characteristics with the prevalence of mental disorder.

After adjusting for age, the prevalence of mental disorder was highest for both men and women living alone. This was the case for anxiety, affective and substance use disorders individually. Overall the prevalence rates decreased as the number of people living in the household increased (see table 4). Rates of mental disorder were also highest among those who were separated or divorced (24% of men and 27% of women). People who had never married also had higher rates of mental disorder than those who were married. Those who were separated or divorced had higher rates of anxiety and affective disorders (18% and 12% respectively). Of those never married, 14% had substance use disorders (see table 6).

Prevalence of mental disorder(a) by living arrangements

	PREVALENCE RATE		AGE STANDARDISED RA	
	Males	Females	Males	Females
	%	%	%	%
Number of persons in househo	ld			
1	20.7	14.6	24.0	27.2
2	15.5	16.9	19.6	19.2
3	17.1	21.2	15.7	19.1
4	18.8	19.8	15.5	16.5
5 or more	17.6	17.1	15.8	16.6
Marital status				
Married	13.4	15.8	15.2	16.7
Separated/divorced	25.4	29.6	23.7	27.4
Widowed	*9.1	7.8	*9.7	19.4
Never married	26.8	24.5	23.0	20.8

(a) Mental disorders from the major groups: anxiety, affective and substance abuse disorders.

Employment

The Human Rights and Equal Opportunity Commission (1993, pp. 912) highlighted a number of factors which, in combination, deny people with mental illness the opportunity to find work appropriate to their abilities and interests. These factors include lack of training, the debilitating effects of mental illness, job design and negative employer attitudes. While people with mental disorders were more likely to be unemployed, this reflects a complex interaction of factors. It may be that those with mental disorders find it more difficult to get jobs. At the same time unemployment may contribute to mental disorder.

After adjusting for age, rates of mental disorder were highest for men and women who were unemployed or not in the labour force. People employed part-time were more likely to have mental disorders than their full-time counterparts. Unemployed people had relatively high rates of substance use disorders (19% of men and 11% of women). Unemployed women also had a high rate of anxiety disorders (20%) (see table 8).

Prevalence of mental disorder(a) by labour force status

			• • • • • • • • • •	
	PREVALE	NCE RATE	AGE STAN	NDARDISED RATE
	Males	Females	Males	Females
	%	%	%	%
Labour force status			• • • • • • • • • •	
Employed full-time	16.9	16.9	15.1	14.7
Employed part-time	20.8	19.6	22.4	16.3
Unemployed	35.6	32.0	26.9	26.4
Not in labour force	13.2	16.6	26.4	21.7

(a) Mental disorders from the major groups: anxiety, affective and substance abuse disorders.

Physical conditions

The survey also collected information on a specific number of chronic and current physical conditions: asthma, chronic bronchitis, anaemia, high blood pressure, heart trouble, arthritis, kidney disease, diabetes, cancer, stomach or duodenal ulcer, chronic gall bladder or liver trouble, hernia or rupture. In every age group women were more likely to report physical conditions than men. Overall 41% of women compared with 36% of men reported physical conditions. The prevalence of physical conditions increased with age from 21% of adults aged 25–34 years to 77% of those aged 65 and over (see table 2).

Comorbidity

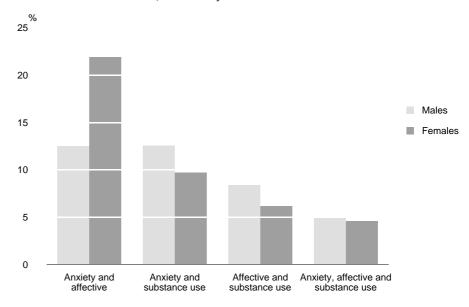
Comorbidity refers to the occurrence of more than one disorder at the same time. The existence of some conditions predisposes individuals to others. For example, severe social phobia may cause depression and alcohol dependence. Further, the presence of mental and/or physical conditions in combination is likely to compound the difficulties that people face.

For people with mental disorders, comorbidity is common. For example, nearly one in three of those who had an anxiety disorder also had an affective disorder while one in five also had a substance use disorder. Of those who had an anxiety disorder 8.7% also had both affective and substance use disorders. This group represents less than 1% of the adult population (see table 12). It should be noted that individuals may have more than one disorder within each of the major groupings. For example, a person categorised as having anxiety disorders may have both social phobia and post-traumatic stress disorder.

Those with affective (mood) disorders were the most likely to also have a mental disorder from at least one of the other major groupings (61%). In comparison, 45% of those with an anxiety disorder also had a mental disorder from one of the other major groupings, as did 31% of those with a substance use disorder (see table 12).

Comorbidity continued

For people with mental disorders the patterns of comorbidity differed for men and women. Women were more likely to have anxiety and affective disorders in combination (22%), while men were more likely to have substance use disorders in combination with either anxiety disorders (13%) or affective disorders (8.4%) (see table 12).



Persons with a mental disorder, comorbidity of mental disorders

Those with mental disorders were more likely to report physical conditions (43%) than Australian adults on average (39%). People with affective or anxiety disorders were particularly prone to physical conditions. In both cases, almost half reported a physical condition. Women with either substance use or anxiety disorders were more likely to report physical conditions than their male counterparts. Men and women with affective disorders had similar rates of physical conditions (see table 12).

Those with combinations of mental disorders from more than one of the major groupings (anxiety, affective and substance use) were more likely than those with disorders from only one group to report physical conditions. People who had mental disorders from all three groupings concurrently were the most likely to report physical conditions (55%) (see table 12).

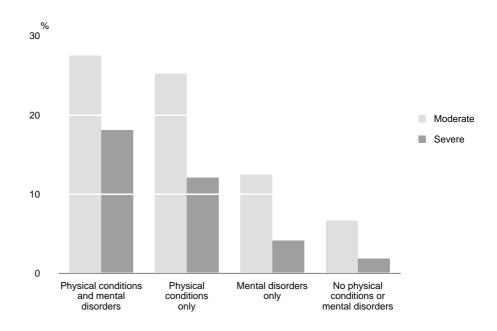
SUMMARY OF FINDINGS continued

DISABILITY

The survey used a number of different measures of disability, based on standard international questionnaires, in order to measure the impact of mental disorders and physical conditions on people's lives. The Brief Disability Questionnaire (BDQ) asks respondents whether they are limited because of health problems in a number of activities, and whether they have cut down or stopped activities they were expected to do as part of their routine. The Short Form 12 (SF–12) is designed to measure the physical and mental aspects of health separately by addressing limitations due to health across eight dimensions. In addition, respondents were asked how many days in the four weeks prior to interview they were unable to carry out usual activities fully (days out of role).

Most people (66%) were designated disability free as measured by the BDQ; 13% had mild, 15% had moderate and 6.5% had severe disability. Disability increased with age and women were generally more likely to experience disability than men. Of those with a mental disorder, 44% had mild, moderate or severe disability (see table 14 and Appendix 1). They averaged three days out of role in the four weeks prior to interview, compared with one day for those with no mental disorders or physical conditions (see table 15).

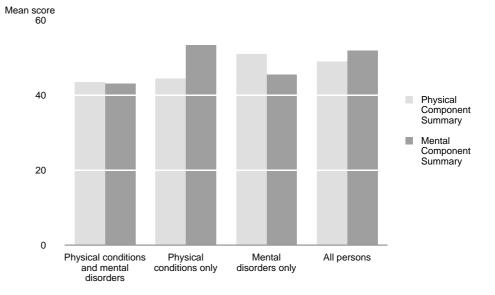
The BDQ emphasises physical aspects of disability. Therefore, it is not surprising that according to this measure, physical conditions are more closely related to disability than mental disorders. For example, of those people who reported physical conditions only, 55% had mild, moderate or severe disability status, compared with 30% of those with mental disorders only (see table 14).





DISABILITY continued

The SF–12 has two measures, the physical component summary (PCS) and the mental component summary (MCS). The PCS focuses mainly on limitations in physical functioning, role limitations due to physical health problems, bodily pain and general health. The MCS focuses mainly on role limitations due to emotional problems, social functioning, mental health and vitality. A higher score indicates better health. As expected, persons with physical conditions only scored lower on the PCS than average, but higher on the MCS, while the pattern was reversed for those with mental disorders only (see Appendix 2).





Combinations of disorders have a cumulative effect on disability. Those with physical conditions and mental disorders from more than one of the major groupings (anxiety, affective and substance use) in combination were the worst affected. Of this group, 19% had mild, 31% moderate and 25% severe disability according to the BDQ (see table 14). They were among the lowest scoring on both SF–12 measures (see Appendix 2) and reported the second highest number of days out of role, an average 5.6 days out of the four weeks prior to the interview (see table 15). Similarly, of people with mental disorders only, those with combinations of mental disorders from more than one of the major groupings generally fared worse than those with anxiety, affective or substance use disorders only.

Anxiety and affective disorders generally had a more disabling impact than substance use disorders. Overall, those with anxiety disorders were the most troubled by physical aspects of disability (as measured by the BDQ and SF–12 physical component summary) (see table 14 and Appendices 1 and 2), while those with affective disorders fared worst in terms of the SF–12 mental component summary and days out of role (see table 15 and Appendix 2).

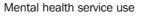
SUMMARY OF FINDINGS continued

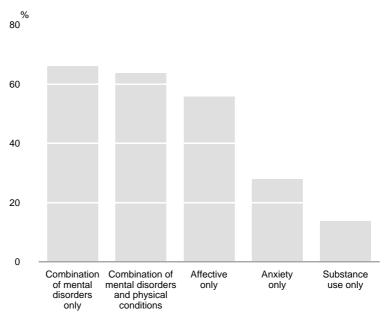
SERVICE USE

Of those with mental disorders, 38% used a health service for mental health problems in the 12 months prior to interview, with 29% consulting a general practitioner (see table 16). Hospital admissions for mental health problems were rare; less than 1% over the 12 month period.

The likelihood of using health services for a mental health problem was closely related to type of mental disorder. Of those with affective disorders only, approximately 56% used services for mental health problems, compared with 28% of those with anxiety only and 14% of those with substance use disorders only. Those with combinations of mental disorders were the most likely to use services for mental health problems (66%) (see table 16).

A small number of those with physical conditions only (6.0%) or with no mental disorders or physical conditions (4.9%) used services for mental health problems (see table 16). These groups may have either consulted a health professional for a sub-clinical mental health problem such as stress, or for a mental disorder not included in this analysis such as schizophrenia.





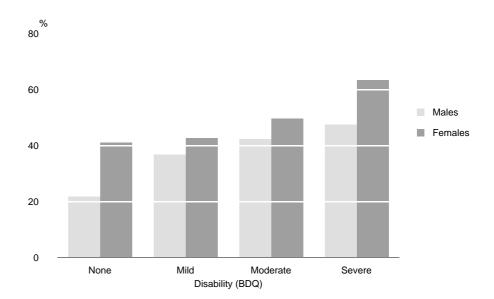
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SERVICE USE continued

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Service use for mental health problems increased with disability. In particular, psychiatrists and psychologists played a greater role relative to other service providers as disability increased. Women were more likely than men to use services for mental health problems, regardless of disability status. Of women with a mental disorder, 46% did so compared with 29% of men (see tables 18 and 19).

Persons with a mental disorder, mental health service use



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TABLE 1. PERSONS: PREVALENCE OF DISORDERS(a)

-	Males		Females		Persons	
	,000	%	'000	%	,000	%
Physical conditions	2,396.0	36.2	2,823.7	41.3	5,219.6	38.8
Mental disorders						
Anxiety disorders —						
Panic disorder	36.7	0.6	133.8	2.0	170.5	1.3
Agoraphobia	49.2	0.7	101.9	1.5	151.1	1.1
Social phobia	161.4	2.4	207.3	3.0	368.7	2.7
Generalised anxiety disorder	156.8	2.4	256.0	3.7	412.8	3.1
Obsessive-compulsive disorder	19.3	0.3	29.2	0.4	48.6	0.4
Post-traumatic stress disorder	153.3	2.3	285.8	4.2	439.2	3.3
Total anxiety disorders	470.4	7.1	829.6	12.1	1,299.9	9.7
Affective disorders —						
Depression	227.6	3.4	465.3	6.8	692.9	5.1
Dysthymia	63.4	1.0	88.3	1.3	151.7	1.1
Total affective disorders(b)	275.3	4.2	503.3	7.4	778.6	5.8
Substance use disorders —						
Alcohol harmful use	285.4	4.3	123.8	1.8	409.2	3.0
Alcohol dependence	339.8	5.1	126.9	1.9	466.7	3.5
Drug use disorders(c)	206.9	3.1	89.2	1.3	296.0	2.2
Total substance use disorders	734.3	11.1	307.5	4.5	1,041.8	7.7
Total mental disorders	1,151.6	17.4	1,231.5	18.0	2,383.1	17.7
No mental disorders or physical conditions	3,531.8	53.3	3,351.6	49.0	6,883.4	51.1
Total (d)	6,627.1	100.0	6,837.7	100.0	13,464.8	100.0

(a) During the twelve months prior to interview. (b) Includes other affective disorders such as mania, hypomania and bipolar affective disorder. (c) Includes harmful use and dependence. (d) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 2. PERSONS: PREVALENCE OF DISORDERS(a) BY AGE

Per cent

_	Age group (years)						
						65 and	
	18-24	25-34	35-44	45-54	55-64	over	Total
		Male	s				
Physical conditions	20.0	19.5	22.2	40.5	58.6	74.0	36.2
Mental disorders							
Anxiety disorders	8.6	7.1	8.3	8.0	6.1	3.5	7.1
Affective disorders	2.9	4.9	6.0	5.4	3.2	* 0.8	4.2
Substance use disorders	21.5	15.6	12.0	7.4	5.2	2.1	11.1
Total mental disorders	27.3	21.4	19.6	15.6	11.3	5.5	17.4
No mental disorders or physical conditions	61.2	65.3	64.0	51.4	38.7	25.7	53.3
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	921.9	1,405.8	1,401.1	1,189.3	781.2	927.8	6,627.1
		Femal	es				
Physical conditions	25.0	21.5	27.5	43.8	62.8	78.7	41.3
Mental disorders							
Anxiety disorders	13.8	12.4	14.5	15.9	9.5	5.4	12.1
Affective disorders	10.7	8.4	8.5	7.3	6.9	2.4	7.4
Substance use disorders	10.6	7.0	4.5	3.2	* 1.2	**0.2	4.5
Total mental disorders	25.9	21.2	20.2	19.5	13.4	6.7	18.0
No mental disorders or physical conditions	56.9	64.1	60.1	48.3	35.1	20.4	49.0
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	896.5	1,427.9	1,423.0	1,168.5	777.5	1,144.3	6,837.7
		Persor	15				
Physical conditions	22.5	20.5	24.9	42.1	60.7	76.6	38.8
Mental disorders							
Anxiety disorders	11.2	9.8	11.4	11.9	7.8	4.5	9.7
Affective disorders	6.7	6.6	7.2	6.4	5.0	1.7	5.8
Substance use disorders	16.1	11.3	8.2	5.3	3.2	1.1	7.7
Total mental disorders	26.6	21.3	19.9	17.5	12.3	6.1	17.7
No mental disorders or physical conditions	59.1	64.7	62.1	49.9	36.9	22.8	51.1
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	1,818.3	2,833.8	2,824.1	2,357.8	1,558.6	2,072.1	13,464.8

(a) During the twelve months prior to interview. (b) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 3. PERSONS: PREVALENCE OF DISORDERS(a) BY NUMBER OF PERSONS IN HOUSEHOLD

		Per cent				
		Number of	persons in househ	old		
	1	2	3	4	5 or more	Total
		Males				
Physical conditions	43.9	45.6	30.3	26.4	31.2	36.2
Mental disorders						
Anxiety disorders	9.7	6.8	6.5	7.2	6.6	7.1
Affective disorders	6.8	3.9	3.3	4.3	3.8	4.2
Substance use disorders	13.1	9.9	11.2	12.0	10.8	11.1
Total mental disorders	20.7	15.5	17.1	18.8	17.6	17.4
No mental disorders or physical conditions	45.3	46.2	57.4	61.3	57.9	53.3
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	673.0	2,250.0	1,244.9	1,437.2	1,022.0	6,627.1
		Females				
Physical conditions	63.7	48.4	34.7	28.2	29.9	41.3
Mental disorders						
Anxiety disorders	8.9	11.8	14.1	13.1	11.8	12.1
Affective disorders	7.9	6.3	8.7	8.4	6.1	7.4
Substance use disorders	4.2	4.6	4.8	4.5	4.2	4.5
Total mental disorders	14.6	16.9	21.2	19.8	17.1	18.0
No mental disorders or physical conditions	30.2	43.7	52.9	59.6	59.9	49.0
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	899.1	2,339.0	1,324.1	1,297.6	977.9	6,837.7
		Persons				
Physical conditions	55.2	47.0	32.5	27.2	30.6	38.8
Mental disorders						
Anxiety disorders	9.3	9.3	10.4	10.0	9.2	9.7
Affective disorders	7.4	5.1	6.1	6.2	4.9	5.8
Substance use disorders	8.0	7.2	7.9	8.5	7.6	7.7
Total mental disorders	17.2	16.2	19.2	19.2	17.4	17.7
No mental disorders or physical conditions	36.7	44.9	55.1	60.5	58.8	51.1
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	1,572.1	4,589.0	2,568.9	2,734.8	1,999.9	13,464.8

(a) During the twelve months prior to interview. (b) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 4. PERSONS: AGE STANDARDISED PREVALENCE OF DISORDERS(a) BY NUMBER OF PERSONS IN HOUSEHOLD

		Per cent				
		Number of	persons in househ	old		
	1	2	3	4	5 or more	Total
		Males				
Physical conditions	36.4	36.5	36.9	39.4	36.3	36.8
Mental disorders						
Anxiety disorders	10.7	8.5	6.9	6.2	6.6	7.0
Affective disorders	7.9	5.1	3.0	3.8	2.9	4.1
Substance use disorders	16.0	12.9	9.5	9.6	9.0	10.9
Total mental disorders	24.0	19.6	15.7	15.5	15.8	17.2
No mental disorders or physical conditions	49.6	51.7	52.4	51.0	48.8	52.9
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	673.0	2,250.0	1,244.9	1,437.2	1,022.0	6,627.1
		Females				
Physical conditions	41.4	41.6	39.5	36.2	43.4	40.7
Mental disorders						
Anxiety disorders	16.3	12.9	12.8	11.5	11.5	12.3
Affective disorders	14.5	7.1	8.1	6.3	6.3	7.5
Substance use disorders	10.9	5.9	4.1	3.4	3.3	4.6
Total mental disorders	27.2	19.2	19.1	16.5	16.6	18.2
No mental disorders or physical conditions	44.2	48.1	49.7	53.1	48.8	49.5
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	899.1	2,339.0	1,324.1	1,297.6	977.9	6,837.7
		Persons				
Physical conditions	39.1	39.1	38.2	38.9	43.3	38.8
Mental disorders						
Anxiety disorders	12.9	10.7	9.9	8.9	9.5	9.7
Affective disorders	10.7	6.1	5.7	5.2	4.6	5.8
Substance use disorders	13.9	9.2	6.7	6.5	6.1	7.7
Total mental disorders	25.5	19.3	17.4	16.1	16.6	17.7
No mental disorders or physical conditions	46.7	50.0	51.1	51.1	48.3	51.1
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	1,572.1	4,589.0	2,568.9	2,734.8	1,999.9	13,464.8

(a) During the twelve months prior to interview. (b) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 5. PERSONS: PREVALENCE OF DISORDERS(a) BY MARITAL STATUS

Per cent								
	Married(b)	Separated/divorced	Widowed	Never married	Tota			
		Males						
Physical conditions	38.8	42.1	71.8	24.0	36.2			
Mental disorders								
Anxiety disorders	6.0	12.5	* 8.0	8.8	7.1			
Affective disorders	3.7	8.2	**2.2	4.5	4.2			
Substance use disorders	7.4	15.7	**1.3	21.0	11.1			
Total mental disorders	13.4	25.4	* 9.1	26.8	17.4			
No mental disorders or physical conditions	53.3	44.3	27.1	57.9	53.3			
Total(c)	100.0	100.0	100.0	100.0	100.0			
Total persons ('000)	4,444.3	415.8	146.9	1,620.0	6,627.1			
		Females						
Physical conditions	39.7	46.0	76.2	26.7	41.3			
Mental disorders								
Anxiety disorders	11.2	21.5	5.6	13.7	12.1			
Affective disorders	6.2	13.2	3.7	10.2	7.4			
Substance use disorders	2.9	7.6	* 0.7	10.4	4.5			
Total mental disorders	15.8	29.6	7.8	24.5	18.0			
No mental disorders or physical conditions	52.1	40.5	21.9	56.4	49.0			
Total(c)	100.0	100.0	100.0	100.0	100.0			
Total persons ('000)	4,330.6	668.6	616.0	1,222.5	6,837.7			
		Persons						
Physical conditions	39.3	44.5	75.4	25.2	38.8			
Mental disorders								
Anxiety disorders	8.5	18.1	6.1	10.9	9.7			
Affective disorders	4.9	11.3	3.4	6.9	5.8			
Substance use disorders	5.1	10.7	* 0.8	16.5	7.7			
Total mental disorders	14.6	28.0	8.1	25.8	17.7			
No mental disorders or physical conditions	52.7	42.0	22.9	57.3	51.1			
Total(c)	100.0	100.0	100.0	100.0	100.0			
Total persons ('000)	8,774.9	1,084.5	762.9	2,842.5	13,464.8			

(a) During the twelve months prior to interview. (b) Includes de facto. (c) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

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TABLE 6. PERSONS: AGE STANDARDISED PREVALENCE OF DISORDERS(a) BY MARITAL STATUS

Per cent									
	Married(b)	Separated/divorced	Widowed	Never married	Total				
		Males							
Physical conditions	35.7	34.2	32.1	35.6	36.8				
Mental disorders									
Anxiety disorders	6.2	10.1	* 7.2	8.0	7.0				
Affective disorders	3.5	7.6	* 3.0	4.5	4.1				
Substance use disorders	9.1	13.9	**0.5	17.0	10.9				
Total mental disorders	15.2	23.7	* 9.7	23.0	17.2				
No mental disorders or physical conditions	54.6	38.6	26.1	51.0	52.9				
Total(c)	100.0	100.0	100.0	100.0	100.0				
Total persons ('000)	4,444.3	415.8	146.9	1,620.0	6,627.1				
		Females							
Physical conditions	40.2	48.5	38.5	37.5	40.7				
Mental disorders									
Anxiety disorders	11.4	20.4	17.1	12.7	12.3				
Affective disorders	6.6	13.6	5.7	11.0	7.5				
Substance use disorders	3.4	7.6	*3.0	8.4	4.6				
Total mental disorders	16.7	27.4	19.4	20.8	18.2				
No mental disorders or physical conditions	50.7	39.3	36.7	49.7	49.5				
Total(c)	100.0	100.0	100.0	100.0	100.0				
Total persons ('000)	4,330.6	668.6	616.0	1,222.5	6,837.7				
		Persons							
Physical conditions	38.1	46.4	37.4	36.6	38.8				
Mental disorders									
Anxiety disorders	8.9	17.8	16.2	9.5	9.7				
Affective disorders	5.2	12.4	5.3	7.0	5.8				
Substance use disorders	6.0	10.3	2.6	13.6	7.7				
Total mental disorders	15.9	26.9	18.6	21.9	17.7				
No mental disorders or physical conditions	52.6	40.8	38.0	50.1	51.1				
Total(c)	100.0	100.0	100.0	100.0	100.0				
Total persons ('000)	8,774.9	1,084.5	762.9	2,842.5	13,464.8				

(a) During the twelve months prior to interview. (b) Includes de facto. (c) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 7. PERSONS: PREVALENCE OF DISORDERS(a) BY LABOUR FORCE STATUS

Per cent Employed Not in the Full-time Part-time Total Unemployed labour force Males Physical conditions 25.8 36.5 31.1 65.5 36.2 Mental disorders 7.8 7.0 7.1 Anxiety disorders 6.4 15.4 Affective disorders 3.6 4.7 10.5 4.1 4.2 Substance use disorders 11.0 14.7 25.7 6.5 11.1 Total mental disorders 16.9 20.8 35.6 13.2 17.4 No mental disorders or physical conditions 62.4 52.8 46.3 30.1 53.3 Total(b) 100.0 100.0 100.0 100.0 100.0 Total persons ('000) 4,152.8 332.8 626.1 1,515.5 6,627.1 Females 32.0 57.3 41.3 Physical conditions 29.0 30.3 Mental disorders Anxiety disorders 10.3 12.6 22.4 12.2 12.1 Affective disorders 6.0 8.4 13.5 7.1 7.4 Substance use disorders 5.4 5.3 12.8 2.7 4.5 Total mental disorders 16.9 19.6 32.0 16.6 18.0 No mental disorders or physical conditions 60.2 57.5 49.2 36.1 49.0 Total(b) 100.0 100.0 100.0 100.0 100.0 1,951.3 1,794.2 232.6 2,859.7 Total persons ('000) 6,837.7 Persons Physical conditions 26.8 31.9 31.5 60.2 38.8 Mental disorders 18.3 10.4 9.7 Anxiety disorders 7.6 11.4 Affective disorders 4.4 7.5 11.7 6.1 5.8 Substance use disorders 9.2 7.7 20.4 4.0 7.7 Total mental disorders 16.9 19.9 34.1 15.4 17.7 No mental disorders or physical conditions 61.7 56.2 47.5 34.0 51.1 Total(b) 100.0 100.0 100.0 100.0 100.0 Total persons ('000) 6,104.1 2,420.2 565.4 4,375.1 13,464.8

(a) During the twelve months prior to interview. (b) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

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TABLE 8. PERSONS: AGE STANDARDISED PREVALENCE OF DISORDERS(a) BY LABOUR FORCE STATUS

		Per cent			
	Employed				
	Full-time	Part-time	Unemployed	Not in the labour force	Total
		Males			
Physical conditions	32.3	38.4	29.0	50.6	36.8
Mental disorders					
Anxiety disorders	6.0	9.4	11.4	12.2	7.0
Affective disorders	3.0	5.7	8.8	10.0	4.1
Substance use disorders	9.6	14.9	19.3	15.5	10.9
Total mental disorders	15.1	22.4	26.9	26.4	17.2
No mental disorders or physical conditions	57.7	49.1	39.0	36.9	52.9
Total(b)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	4,152.8	626.1	332.8	1,515.5	6,627.1
		Females			
Physical conditions	31.8	39.0	30.6	44.7	40.7
Mental disorders					
Anxiety disorders	9.0	10.5	19.8	15.8	12.3
Affective disorders	5.4	6.9	12.4	9.2	7.5
Substance use disorders	4.2	4.4	10.5	4.3	4.5
Total mental disorders	14.7	16.3	26.4	21.7	18.2
No mental disorders or physical conditions	52.8	51.1	39.8	44.8	49.5
Total(b)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	1,951.3	1,794.2	232.6	2,859.7	6,837.7
		Persons			
Physical conditions	33.5	37.6	29.8	45.2	38.8
Mental disorders					
Anxiety disorders	7.1	10.2	14.9	14.5	9.7
Affective disorders	3.8	6.4	10.1	8.9	5.8
Substance use disorders	7.8	7.2	15.6	6.4	7.7
Total mental disorders	15.0	17.9	26.7	22.0	17.7
No mental disorders or physical conditions	56.8	52.0	39.2	44.2	51.1
Total(b)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	6,104.1	2,420.2	565.4	4,375.1	13,464.8

(a) During the twelve months prior to interview. (b) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 9.PERSONS: PREVALENCE OF DISORDERS(a) BY HIGHEST EDUCATIONAL QUALIFICATION

		r cent		
	Post-school qualification	Completed secondary school only	Did not complete secondary school	Total(b)
	Ν	Iales		
Physical conditions	33.1	31.9	44.4	36.2
Mental disorders				
Anxiety disorders	7.2	6.7	7.1	7.1
Affective disorders	3.8	3.8	5.0	4.2
Substance use disorders	9.8	13.0	12.2	11.1
Total mental disorders	16.3	19.6	18.2	17.4
No mental disorders or physical conditions	56.4	55.1	46.4	53.3
Total(c)	100.0	100.0	100.0	100.0
Total persons ('000)	3,582.8	1,057.0	1,953.4	6,627.1
	Fe	males		
Physical conditions	34.8	34.6	51.0	41.3
Mental disorders				
Anxiety disorders	11.0	13.9	12.6	12.1
Affective disorders	6.0	8.5	8.3	7.4
Substance use disorders	4.6	6.1	3.6	4.5
Total mental disorders	16.3	21.2	18.3	18.0
No mental disorders or physical conditions	56.1	52.1	40.4	49.0
Total(c)	100.0	100.0	100.0	100.0
Total persons ('000)	2,802.8	1,240.9	2,752.2	6,837.7
	Pe	rsons		
Physical conditions	33.9	33.4	48.3	38.8
Mental disorders				
Anxiety disorders	8.9	10.6	10.3	9.7
Affective disorders	4.8	6.3	6.9	5.8
Substance use disorders	7.5	9.3	7.2	7.7
Total mental disorders	16.3	20.5	18.3	17.7
No mental disorders or physical conditions	56.3	53.5	42.9	51.1
Total(c)	100.0	100.0	100.0	100.0
Total persons ('000)	6,385.5	2,297.9	4,705.5	13,464.8

(a) During the twelve months prior to interview. (b) Includes persons aged 18 to 20 years who are still at school and persons whose qualifications were inadequately described. (c) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total. NOTE: When age standardisation techniques were applied there was little effect.

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Per cent

TABLE 10. PERSONS: PREVALENCE OF DISORDERS(a) BY COUNTRY OF BIRTH(b)

Per cent

		Born outside Australia			
	Main	English-speaking			
	Born in Australia	country	Other country	Tota	
	Males				
Physical conditions	36.3	37.5	34.4	36.2	
Mental disorders					
Anxiety disorders	7.4	5.7	6.7	7.1	
Affective disorders	4.6	* 2.2	3.7	4.2	
Substance use disorders	12.3	9.7	6.1	11.1	
Total mental disorders	18.7	15.1	12.5	17.4	
No mental disorders or physical conditions	52.0	54.8	58.3	53.3	
Total(c)	100.0	100.0	100.0	100.0	
Total persons ('000)	4,857.6	758.3	1,011.2	6,627.1	
	Females				
Physical conditions	41.9	40.8	38.2	41.3	
Mental disorders					
Anxiety disorders	12.1	11.4	13.1	12.1	
Affective disorders	7.6	6.1	7.2	7.4	
Substance use disorders	5.1	4.0	* 1.5	4.5	
Total mental disorders	18.4	16.4	16.9	18.0	
No mental disorders or physical conditions	48.2	50.0	53.0	49.0	
Total(c)	100.0	100.0	100.0	100.0	
Total persons ('000)	5,212.8	773.0	852.0	6,837.7	
	Persons				
Physical conditions	39.2	39.2	36.1	38.8	
Mental disorders					
Anxiety disorders	9.8	8.6	9.6	9.7	
Affective disorders	6.1	4.2	5.3	5.8	
Substance use disorders	8.6	6.8	4.0	7.7	
Total mental disorders	18.6	15.7	14.5	17.7	
No mental disorders or physical conditions	50.0	52.4	55.9	51.1	
Total(c)	100.0	100.0	100.0	100.0	
Total persons ('000)	10,070.4	1,531.3	1,863.2	13,464.8	

(a) During the twelve months prior to interview. (b) See glossary. (c) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total. NOTE: When age standardisation techniques were applied there was little effect.

Per cent

	Capital city	Rest of state	Total
	Males		
Physical conditions	34.8	38.7	36.2
Mental disorders			
Anxiety disorders	7.3	6.7	7.1
Affective disorders	4.1	4.2	4.2
Substance use disorders	11.2	10.8	11.1
Total mental disorders	17.5	17.1	17.4
No mental disorders or physical conditions	54.5	51.1	53.3
Total(b)	100.0	100.0	100.0
Total persons ('000)	4,277.2	2,349.8	6,627.1
	Females		
Physical conditions	39.6	44.5	41.3
Mental disorders			
Anxiety disorders	11.4	13.5	12.1
Affective disorders	7.1	7.9	7.4
Substance use disorders	4.3	4.9	4.5
Total mental disorders	17.5	18.9	18.0
No mental disorders or physical conditions	50.5	46.3	49.0
Total(b)	100.0	100.0	100.0
Total persons ('000)	4,463.8	2,373.9	6,837.7
	Persons		
Physical conditions	37.2	41.6	38.8
Mental disorders			
Anxiety disorders	9.4	10.1	9.7
Affective disorders	5.6	6.1	5.8
Substance use disorders	7.7	7.8	7.7
Total mental disorders	17.5	18.0	17.7
No mental disorders or physical conditions	52.4	48.7	51.1
Total(b)	100.0	100.0	100.0
Total persons ('000)	8,741.0	4,723.8	13,464.8

(a) During the twelve months prior to interview. (b) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total . NOTE: When age standardisation techniques were applied there was little effect.

TABLE 12. PERSONS: COMORBIDITY OF DISORDERS(a)

_	Males		Females		Persons		
	'000	%	'000	%	,000	%	
Physical conditions only	1,943.7	29.3	2,254.7	33.0	4,198.3	31.2	
Mental disorders only—							
Anxiety only	127.8	1.9	258.5	3.8	386.3	2.9	
Affective only	58.0	0.9	133.7	2.0	191.7	1.4	
Substance use only	368.6	5.6	111.1	1.6	479.7	3.6	
Anxiety and affective only	48.4	0.7	95.0	1.4	143.4	1.1	
Anxiety and substance use only	57.3	0.9	28.7	0.4	86.1	0.6	
Affective and substance use only	* 10.3	* 0.2	* 12.9	* 0.2	23.2	0.2	
Anxiety, affective and substance use only	28.8	0.4	22.6	0.3	51.5	0.4	
Total mental disorder only	699.3	10.6	662.5	9.7	1,361.8	10.1	
Mental disorders and physical conditions—							
Anxiety and physical only	110.5	1.7	238.2	3.5	348.7	2.6	
Affective and physical only	34.0	0.5	80.3	1.2	114.2	0.8	
Substance use and physical only	181.2	2.7	57.4	0.8	238.6	1.8	
Anxiety, affective and physical only	38.5	0.6	118.4	1.7	156.9	1.2	
Anxiety, substance use and physical only Affective, substance use and	30.8	0.5	34.4	0.5	65.2	0.5	
physical only	29.2	0.4	* 6.7	* 0.1	35.8	0.3	
Anxiety, affective, substance use	29.2	0.4	. 0.7	- 0.1	55.8	0.3	
and physical only	28.2	0.4	33.7	0.5	61.9	0.5	
Total mental disorders and physical conditions	452.3	6.8	569.0	8. <i>3</i>	1,021.3	7.6	
Total mental alsoraers and physical conditions	432.5	0.8	509.0	0.5	1,021.5	7.0	
Total mental disorders	1,151.6	17.4	1,231.5	18.0	2,383.1	17.7	
Total mental disorders or physical conditions	3,095.3	46.7	3,486.2	51.0	6,581.4	48.9	
No mental disorders or physical conditions	3,531.8	53.3	3,351.6	49.0	6,883.4	51.1	
Total	6,627.1	100.0	6,837.7	100.0	13,464.8	100.0	

(a) During the twelve months prior to interview.

TABLE 13. PERSONS: COMORBIDITY OF DISORDERS(a) BY AGE

Der	cent
Per	cent

-	Age group (years)						
						65 and	
	18-24	25-34	35-44	45-54	55-64	over	Total
		Males					
Physical conditions only	11.4	13.3	16.4	33.0	50.0	68.8	29.3
Mental disorders only—							
Anxiety only	3.1	2.3	2.1	2.3	* 1.3	—	1.9
Affective only	* 1.1	* 0.7	1.8	* 1.1	—	_	0.9
Substance use only	11.1	9.0	6.7	2.9	* 1.1		5.6
Combination of mental disorders only(b)	3.5	3.2	3.1	1.8	**0.3	—	2.2
Total mental disorders only	18.7	15.2	13.7	8.1	2.7	**0.3	10.6
Mental disorders and physical conditions-							
Anxiety and physical only		* 0.9	1.9	1.8	* 2.3	2.8	1.7
Affective and physical only	* 0.7	* 0.4	* 0.3	* 0.7	* 0.8		0.5
Substance use and physical only	5.7	2.8	1.7	2.5	3.2	* 1.3	2.7
Combination of mental disorders							
and physical conditions(b)	* 1.6	2.1	2.0	2.5	* 2.3	* 0.8	1.9
Total mental disorders and physical conditions	8.6	6.2	5.9	7.5	8.6	5.1	6.8
Total mental disorders	27.3	21.4	19.6	15.6	11.3	5.5	17.4
Total mental disorders or physical conditions	38.8	34.7	36.0	48.6	61.3	74.3	46.7
No mental disorders or physical conditions	61.2	65.3	64.0	51.4	38.7	25.7	53.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	921.9	1,405.8	1,401.1	1,189.3	781.2	927.8	6,627.1
		Females					
Physical conditions only	17.2	14.7	19.6	32.2	51.5	72.9	33.0
Mental disorders only—	4.0	5 A	5.0	2.7	* 0.7	* 0.5	2.0
Anxiety only	4.8	5.4	5.8	3.7	* 0.7	* 0.5	3.8
Affective only	3.7	3.0	2.2	* 1.3	* 0.9	* 0.3	2.0
Substance use only	4.5	3.0	* 1.3	* 0.8	**0.5	_	1.6
Combination of mental disorders only(b)	5.1	2.9	3.0	2.1	**0.5	* 0.0	2.3
Total mental disorders only	18.1	14.3	12.4	8.0	* 2.1	* 0.9	9.7
Mental disorders and physical conditions-							
Anxiety and physical only	* 1.3	2.3	2.8	6.5	4.9	3.5	3.5
Affective and physical only	* 1.2	* 1.1	* 0.8	* 1.0	* 2.4	* 1.0	1.2
Substance use and physical only	2.1	* 1.1	* 1.0	* 0.4	* 0.5	_	0.8
Combination of mental disorders							
and physical conditions(b)	3.2	2.4	3.2	3.7	3.5	* 1.3	2.8
Total mental disorders and physical conditions	7.8	6.9	7.9	11.6	11.3	5.8	8. <i>3</i>
Total mental disorders	25.9	21.2	20.2	19.5	13.4	6.7	18.0
Total mental disorders or physical conditions	43.1	35.9	39.9	51.7	64.9	79.6	51.0
No mental disorders or physical conditions	56.9	64.1	60.1	48.3	35.1	20.4	49.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	896.5	1,427.9	1,423.0	1,168.5	777.5	1,144.3	6,837.7

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TABLE 13. PERSONS: COMORBIDITY OF DISORDERS(a) BY AGE-continued

Dor	cent
Per	cent

-			Age group (years)			
	18-24	25-34	35-44	45-54	55-64	65 and over	Total
		Persons					
Physical conditions only	14.3	14.0	18.0	32.6	50.8	71.1	31.2
Mental disorders only—							
Anxiety only	4.0	3.9	4.0	3.0	* 1.0	* 0.3	2.9
Affective only	2.4	1.9	2.0	1.2	* 0.4	* 0.2	1.4
Substance use only	7.8	6.0	4.0	1.9	* 0.6		3.6
Combination of mental disorders only(b)	4.3	3.1	3.1	1.9	* 0.4		2.3
Total mental disorders only	18.4	14.8	13.0	8.0	2.4	* 0.7	10.1
Mental disorders and physical conditions—							
Anxiety and physical only	* 0.9	1.6	2.4	4.1	3.6	3.2	2.6
Affective and physical only	* 1.0	0.8	* 0.6	0.9	1.6	* 0.7	0.8
Substance use and physical only	3.9	1.9	1.3	1.4	1.8	* 0.6	1.8
Combination of mental disorders							
and physical conditions(b)	2.4	2.2	2.6	3.1	2.9	1.1	2.4
Total mental disorders and physical conditions	8.2	6.5	6.9	9.5	9.9	5.5	7.6
Total mental disorders	26.6	21.3	19.9	17.5	12.3	6.1	17.7
Total mental disorders or physical conditions	40.9	35.3	37.9	50.1	63.1	77.2	48.9
No mental disorders or physical conditions	59.1	64.7	62.1	49.9	36.9	22.8	51.1
Fotal	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	1,818.3	2,833.8	2,824.1	2,357.8	1,558.6	2,072.1	13,464.8

(a) During the twelve months prior to interview. (b) Combinations of mental disorders from more than one of the major groupings (anxiety, affective, and substance use).

TABLE 14. PERSONS: COMORBIDITY OF DISORDERS(a) BY DISABILITY STATUS(b)

Per cent

		Disability	status			Total
	None	Mild	Moderate	Severe	Total	persons ('000)
	Mal	es				
Physical conditions only	48.8	15.9	23.3	12.0	100.0	1,943.7
Mental disorders only—						
Anxiety only	76.5	* 4.3	* 12.6	* 6.6	100.0	127.8
Affective only	80.4	* 7.8	**6.4	—	100.0	58.0
Substance use only	75.5	12.4	11.0	* 1.1	100.0	368.6
Combination of mental disorders only(c)	54.3	27.7	* 10.9	* 7.1	100.0	144.9
Total mental disorders only	71.7	13.7	10.9	3.7	100.0	699.3
Mental disorders and physical conditions-						
Anxiety and physical only	31.9	* 16.5	29.6	22.1	100.0	110.5
Affective and physical only	* 42.6	* 15.6	* 32.5	—	100.0	34.0
Substance use and physical only	69.7	10.9	13.0	* 6.4	100.0	181.2
Combination of mental disorders						
and physical conditions(c)	25.3	22.0	31.4	21.2	100.0	126.6
Total mental disorders and physical conditions	46.0	15.7	23.7	14.6	100.0	452.3
Total mental disorders	61.6	14.5	15.9	8.0	100.0	1,151.6
Total mental disorders or physical conditions	53.5	15.4	20.6	10.5	100.0	3,095.3
No mental disorders or physical conditions	83.4	8.2	6.5	1.9	100.0	3,531.8
Total	69.5	11.6	13.1	5.9	100.0	6,627.1
	Fema	ales				
Physical conditions only	42.4	18.3	27.0	12.3	100.0	2,254.7
Mental disorders only—						
Anxiety only	69.3	11.9	15.1	* 3.7	100.0	258.5
Affective only	77.6	* 7.1	* 12.2	* 3.1	100.0	133.7
Substance use only	76.9	* 10.7	* 10.6	_	100.0	111.1
Combination of mental disorders only(c)	55.6	18.5	16.9	* 9.0	100.0	159.3
Total mental disorders only	68.9	12.3	14.2	4.5	100.0	662.5
Mental disorders and physical conditions—						
Anxiety and physical only	28.3	19.3	34.8	17.6	100.0	238.2
Affective and physical only	31.3	* 16.1	26.6	26.0	100.0	80.3
Substance use and physical only	50.1	* 25.8	* 16.9	* 7.2	100.0	57.4
Combination of mental disorders						
and physical conditions(c)	25.7	16.5	30.8	27.0	100.0	193.2
Total mental disorders and physical conditions	30.1	18.5	30.5	20.9	100.0	569.0
Total mental disorders	51.0	15.2	21.7	12.1	100.0	1,231.5
Total mental disorders or physical conditions	45.4	17.2	25.1	12.2	100.0	3,486.2
No mental disorders or physical conditions	80.1	11.1	6.9	1.9	100.0	3,351.6
Total	62.4	14.2	16.2	7.2	100.0	6,837.7

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TABLE 14. PERSONS: COMORBIDITY OF DISORDERS(a) BY DISABILITY STATUS(b)-continued

Per cent

				Total		
	None	Mild	Moderate	Severe	Total	persons ('000)
	Perso	ons				
Physical conditions only	45.4	17.2	25.3	12.1	100.0	4,198.3
Mental disorders only—						
Anxiety only	71.7	9.4	14.2	* 4.7	100.0	386.3
Affective only	78.4	* 7.3	10.4	* 3.8	100.0	191.7
Substance use only	75.8	12.0	10.9	* 1.3	100.0	479.7
Combination of mental disorders only(c)	55.0	22.9	14.0	8.1	100.0	304.1
Total mental disorders only	70.4	13.0	12.5	4.1	100.0	1,361.8
Mental disorders and physical conditions—						
Anxiety and physical only	29.4	18.4	33.2	19.0	100.0	348.7
Affective and physical only	34.7	* 16.0	28.3	21.0	100.0	114.2
Substance use and physical only	65.0	14.5	14.0	* 6.6	100.0	238.6
Combination of mental disorders						
and physical conditions(c)	25.6	18.7	31.1	24.7	100.0	319.8
Total mental disorders and physical conditions	37.1	17.3	27.5	18.1	100.0	1,021.3
Total mental disorders	56.1	14.9	18.9	10.1	100.0	2,383.1
Total mental disorders or physical conditions	49.3	16.4	23.0	11.4	100.0	6,581.4
No mental disorders or physical conditions	81.8	9.6	6.7	1.9	100.0	6,883.4
Total	65.9	12.9	14.7	6.5	100.0	13,464.8

(a) During the twelve months prior to interview. (b) During the four weeks prior to interview, according to the Brief Disability Questionnaire(BDQ). (c) Combinations of mental disorders from more than one of the major groupings (anxiety, affective, and substance use).

TABLE 15. AVERAGE DAYS OUT OF ROLE(a) BY COMORBIDITY OF DISORDERS(b)

	Males	Females	Persons
Physical conditions only	2.4	2.4	2.4
Mental disorders only—			
Anxiety only	1.8	2.2	2.1
Affective only	3.5	2.3	2.7
Substance use only	1.3	0.8	1.1
Combination of mental disorders only(c)	3.1	3.9	3.6
Total mental disorders only	1.9	2.4	2.2
Mental disorders and physical conditions—			
Anxiety and physical only	4.2	3.5	3.7
Affective and physical only	7.2	6.0	6.3
Substance use and physical only	1.6	2.4	1.8
Combination of mental disorders			
and physical conditions(c)	5.3	5.7	5.6
Total mental disorders and physical conditions	3.7	4.5	4.1
Total mental disorders	2.6	3.4	3.0
Total mental disorders or physical conditions	2.5	2.7	2.6
No mental disorders or physical conditions	0.9	1.1	1.0
Total	1.7	1.9	1.8

(a) During the four weeks prior to interview. See glossary. (b) During the twelve months prior to interview. (c) Combinations of mental disorders from more than one of the major groupings (anxiety, affective, and substance use).

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			Per ce	ent					
			Health	services used					
	GP	Psych- iatrist	Psych- ologist	OMHP(b)	OHP(c)			Total persons ('000)	
			Male	s					
Physical conditions only	3.1	1.2	* 0.6	* 0.6	* 0.6	4.5	95.5	100.0	1,943.7
Mental disorders only-									
Anxiety only	15.9	* 7.6		**1.2		20.6	79.4	100.0	127.8
Affective only	40.4	* 9.7	* 11.2	* 9.0	* 19.2	54.9	45.1	100.0	58.0
Substance use only Combination of mental	5.2	* 1.3	—	* 3.7	* 3.3	11.7	88.3	100.0	368.6
disorders only(e)	47.6	15.8	21.2	23.1	20.1	66.5	33.5	100.0	144.9
Total mental disorders only	18.9	6.2	5.9	7.7	7.9	28.3	71.7	100.0	699.3
Mental disorders and physical conditions-		* 7 6	× 4 1	* 0.0	* 4 7	20.1	70.0	100.0	110 -
Anxiety and physical only	* 16.0	* 7.6	* 4.1	* 8.8	* 4.7	29.1	70.9	100.0	110.5
Affective and physical only	* 39.6		—	* 6.9	—	* 43.3 13.0	56.7 87.0	100.0 100.0	34.0 181.2
Substance use and physical only Combination of mental disorders	11.3	_	_	0.9	_	15.0	87.0	100.0	101.2
and physical conditions(e) Total mental disorders and physical	51.7	16.1	* 7.6	* 14.1	* 13.9	55.5	44.5	100.0	126.6
conditions	25.9	7.0	* 3.1	8.9	5.9	31.1	68.9	100.0	452.3
Total mental disorders	21.6	6.5	4.8	8.2	7.1	29.4	70.6	100.0	1,151.6
Total mental disorders or physical conditions	10.0	3.2	2.2	3.4	3.0	13.7	86.3	100.0	3,095.3
No mental disorders or physical conditions	2.2	* 0.4	* 0.2	* 0.5	0.5	3.2	96.8	100.0	3,531.8
Total	5.8	1.7	1.1	1.9	1.7	8.1	91.9	100.0	6,627.1
			F						
Physical conditions only	5.5	* 0.6	* 0.3	1.4	1.9	7.3	92.7	100.0	2,254.7
									,
Mental disorders only— Anxiety only	23.6	* 5.7	* 6.5	8.5	* 5.1	31.8	68.2	100.0	258.5
Affective only	40.5	* 7.9	* 4.1	* 12.8	16.8	56.2	43.8	100.0	133.7
Substance use only	* 16.3			* 4.5	* 4.8	20.8	79.2	100.0	111.1
Combination of mental	1010					2010		10010	
disorders only(e)	51.8	15.1	17.8	19.2	23.4	65.7	34.3	100.0	159.3
Total mental disorders only	32.6	7.8	7.9	11.3	11.8	43.0	57.0	100.0	662.5
Mental disorders and physical conditions-	_								
Anxiety and physical only	31.3	* 3.8	* 2.5	* 5.0	9.6	35.9	64.1	100.0	238.2
Affective and physical only	47.7	* 12.0	* 17.3	* 14.1	* 8.6	60.5	39.5	100.0	80.3
Substance use and physical only	* 12.2	—	—	**5.9	* 12.6	* 23.7	76.3	100.0	57.4
Combination of mental disorders and physical conditions(e)	59.6	15.9	13.2	19.3	20.0	69.2	30.8	100.0	193.2
Total mental disorders and physical		~ ~						1000	.
conditions	41.3	9.0	8.2	11.2	13.3	49.4	50.6	100.0	569.0
Total mental disorders	36.6	8.4	8.0	11.2	12.5	46.0	54.0	100.0	1,231.5
Total mental disorders or physical conditions	16.5	3.3	3.0	4.9	5.7	21.0	79.0	100.0	3,486.2
No mental disorders or physical		6 7	^ -		•			100.0	
conditions	4.3	0.7	0.7	1.4	2.0	6.8	93.2	100.0	3,351.6
Total	10.5	2.0	1.9	3.2	3.9	14.0	86.0	100.0	6,837.7

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TABLE 16. PERSONS: COMORBIDITY OF DISORDERS BY SERVICES USED FOR MENTAL HEALTH PROBLEMS(a)

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			Per ce	ent					
-			Health	n services used					
	GP	Psych- iatrist	Psych- ologist	OMHP(b)	OHP(c)		Total who did not use health services	Total	Total persons ('000)
			Perso	ns					
Physical conditions only	4.4	0.9	0.4	1.0	1.3	6.0	94.0	100.0	4,198.3
Mental disorders only—									
Anxiety only	21.0	6.4	4.9	6.0	* 4.1	28.1	71.9	100.0	386.3
Affective only	40.5	* 8.4	* 6.2	11.6	17.5	55.8	44.2	100.0	191.7
Substance use only	7.8	* 1.5	**0.7	3.9	* 3.6	13.8	86.2	100.0	479.7
Combination of mental									
disorders only(e)	49.8	15.5	19.4	21.1	21.8	66.1	33.9	100.0	304.1
Total mental disorders only	25.5	7.0	6.8	9.4	9.8	35.4	64.6	100.0	1,361.8
Mental disorders and physical conditions—									
Anxiety and physical only	26.5	* 5.0	* 3.0	6.2	8.0	33.7	66.3	100.0	348.7
Affective and physical only	45.3	* 10.5	* 12.1	* 9.9	* 7.7	55.4	44.6	100.0	114.2
Substance use and physical only	11.5	**1.1		* 6.6	* 3.8	15.6	84.4	100.0	238.6
Combination of mental disorders									
and physical conditions(e)	56.5	16.0	11.0	17.2	17.6	63.8	36.2	100.0	319.8
Total mental disorders and physical									
conditions	34.5	8.1	6.0	10.2	10.0	41.3	58.7	100.0	1,021.3
Total mental disorders	29.4	7.5	6.5	9.8	9.9	38.0	62.0	100.0	2,383.1
Total mental disorders or physical									
conditions	13.4	3.3	2.6	4.2	4.4	17.6	82.4	100.0	6,581.4
No mental disorders or physical conditions	3.2	0.5	0.4	0.9	1.3	4.9	95.1	100.0	6,883.4
Total	8.2	1.8	1.5	2.5	2.8	11.1	88.9	100.0	13,464.8

TABLE 16. PERSONS: COMORBIDITY OF DISORDERS BY SERVICES USED FOR MENTAL HEALTH PROBLEMS(a)-continued

(a) During the twelve months prior to interview. See glossary for service use definitions (b) Other mental health professional: includes social worker, welfare officer, drug and alcohol counsellor, other counsellor, and mental health team. (c) Other health professional: includes medical specialist, nurse, chemist, ambulance officer, and other health professional. (d) A person may have used more than one service. The components when added may therefore not add to the total shown. Also includes hospital admissions. (e) Combinations of mental disorders from more than one of the major groupings (anxiety, affective, and substance use).

TABLE 17. PERSONS: COMORBIDITY OF DISORDERS BY SERVICES USED FOR MENTAL HEALTH PROBLEMS(a) BY AGE

Per cent

			Health set	rvices used					
	GP	Psych- iatrist	Psych- ologist	OMHP(b)	OHP(c)	Total who used health services (d)	Total who did not use health services	Total	Total persons ('000)
			18-34						
Physical conditions only	4.2	* 0.6	* 0.9	* 1.9	* 2.0	6.2	93.8	100.0	655.8
Mental disorders only—									
Anxiety only	17.7	* 5.9	* 2.4	* 8.2	* 2.5	23.9	76.1	100.0	181.4
Affective only	33.9	* 7.1	**3.1	* 7.5	21.1	45.5	54.5	100.0	96.0
Substance use only	* 5.1		_	* 4.5	* 4.4	13.2	86.8	100.0	311.7
Combination of mental									
disorders only(e)	36.2	13.9	15.9	22.0	16.7	57.7	42.3	100.0	164.4
Total mental disorders only	18.6	5.9	4.8	9.6	8.7	29.6		100.0	753.5
Mental disorders and physical conditions—									
Anxiety and physical only	* 22.7	* 7.1	* 6.5	* 7.8	* 11.8	* 28.7	71.3	100.0	62.5
Affective and physical only	* 45.4	* 11.5	* 17.8	* 17.3	**8.9	66.4		100.0	39.5
Substance use and physical only	* 10.3	_		* 8.9	* 6.2	16.9	83.1	100.0	126.5
Combination of mental disorders									
and physical conditions(e)	43.4	* 11.3	* 9.0	* 17.0	21.1	54.5	45.5	100.0	106.2
Total mental disorders and physical conditions	27.3	6.8	6.6	12.3	12.3	36.9	63.1	100.0	334.8
Total mental disorders	21.2	6.2	5.4	10.4	9.8	31.8	68.2	100.0	1,088.3
Total mental disorders or physical conditions	14.9	4.1	3.7	7.2	6.9	22.2	77.8	100.0	1,744.1
No mental disorders or physical conditions	3.1	* 0.5	0.7	1.2	1.3	5.0	95.0	100.0	2,908.1
Total	7.5	1.8	1.8	3.5	3.4	11.5	88.5	100.0	4,652.1
			35-64						
Physical conditions only	5.6	1.1	* 0.5	1.2	1.6	7.5	92.5	100.0	2,069.7
Mental disorders only—									
Anxiety only	24.6	* 7.0	* 7.1	* 4.3	* 5.4	32.7	67.3	100.0	198.0
Affective only	45.4	* 10.2	* 9.8	* 16.4	* 14.5	65.2	34.8	100.0	91.8
Substance use only	12.9	**1.9		* 2.8	**2.3	15.2		100.0	165.7
Combination of mental	12.7	1.7		2.0	2.5	10.2	01.0	100.0	10011
disorders only(e)	65.7	16.9	23.2	19.5	27.6	75.8	24.2	100.0	139.1
Total mental disorders only	34.1	8.4	9.4	9.3	11.1	42.9	57.1	100.0	594.6
Mental disorders and physical conditions—									
Anxiety and physical only	28.3	* 5.1	* 2.9	* 7.6	* 6.4	36.4	63.6	100.0	220.1
Affective and physical only	44.6	* 12.2	* 11.2	**5.8	* 8.7	49.9	50.1	100.0	61.2
Substance use and physical only	* 12.8			* 4.5		* 14.1	85.9	100.0	100.1
Combination of mental disorders	12.0					11	00.7	100.0	1000
and physical conditions(e)	65.3	20.3	13.3	18.9	17.2	71.3	28.7	100.0	191.6
Total mental disorders and physical conditions	39.7	10.2	6.8	10.7	9.4	45.6		100.0	573.0
Total mental disorders	36.9	9.3	8.1	10.0	10.3	44.2	55.8	100.0	1,167.6
Total mental disorders or physical conditions	16.9	4.0	3.2	4.4	4.8	20.8	79.2	100.0	3,237.3
No mental disorders or physical conditions	3.5	0.6	* 0.3	0.8	1.4	5.3	94.7	100.0	3,503.2
Total	9.9	2.2	1.7	2.5	3.0	12.8	87.2	100.0	6,740.5

(a) During the twelve months prior to interview. See glossary for service use definitions.
(b) Other mental health professional: includes social worker, welfare officer, drug and alcohol counsellor, other counsellor, and mental health team.
(c) Other health professional: includes medical specialist, nurse, chemist, ambulance officer, and other health professional.
(d) A person may have used more than one service. The components when added may therefore not add to the total shown. Also includes hospital admissions.
(e) Combinations of mental disorders from more than one of the major groupings (anxiety, affective, and substance use). NOTE: For persons 65 and over estimates are too small to be reported separately.

TABLE 18. PERSONS WITH A MENTAL DISORDER(a): SERVICES USED FOR MENTAL HEALTH PROBLEMS(b)

	Per c	ent			
		Disability stat	tus(c)		
	None	Mild	Moderate	Severe	Total
	Mal	es			
Health services used—					
General practitioner	14.4	24.4	37.5	41.1	21.6
Psychiatrist	3.2	* 10.2	* 9.2	20.4	6.5
Psychologist	3.7	* 3.8	* 5.6	* 13.7	4.8
Other mental health professional(d)	6.2	* 10.5	10.8	* 14.1	8.2
Other health professional(e)	2.9	* 9.0	12.6	24.4	7.1
Total who used health services(f)	21.9	36.9	42.4	47.5	29.4
Did not use health services	78.1	63.1	57.6	52.5	70.6
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	709.5	167.1	183.2	91.7	1,151.6
	Fema	ales			
Health services used—					
General practitioner	31.9	35.5	41.9	48.4	36.6
Psychiatrist	6.7	* 3.2	8.5	21.8	8.4
Psychologist	5.9	* 7.7	* 6.6	20.0	8.0
Other mental health professional(d)	10.4	* 9.2	10.8	18.1	11.2
Other health professional(e)	11.8	* 8.6	12.1	21.1	11.2
Total who used health services(f)	41.2	42.7	49.7	63.4	46.0
Did not use health services	58.8	57.3	50.3	36.6	54.0
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	627.8	187.3	267.3	149.1	1,231.5
	Perso	ons			
Health services used—					
General practitioner	22.6	30.3	40.1	45.6	29.4
Psychiatrist	4.8	6.5	8.8	21.2	7.5
Psychologist	4.7	5.8	6.2	17.6	6.5
Other mental health professional(d)	8.2	9.8	10.8	16.6	9.8
Other health professional(e)	7.1	8.8	12.3	22.4	9.9
Total who used health services(f)	31.0	40.0	46.7	57.4	38.0
Did not use health services	69.0	60.0	53.3	42.6	62.0
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	1,337.3	354.4	450.5	240.8	2,383.1

(a) Persons who meet criteria for a diagnosis of a mental disorder from the CIDI. See Paragraphs 12-16 of the Explanatory Notes. (b) During the twelve months prior to interview. See glossary for service use definitions. (c) During the four weeks prior to interview, according to the Brief Disability Questionnaire(BDQ). (d) Includes social worker, welfare officer, drug and alcohol counsellor, other counsellor, and mental health team. (e) Includes medical specialist, nurse, chemist, ambulance officer, and other health professional. (f) A person may have used more than one service. The components when added may therefore not add to the total shown. Also includes hospital admissions.

TABLE 19. PERSONS: SERVICES USED FOR MENTAL HEALTH PROBLEMS(a) BY SEX

Per cent

		Disability stat	us(b)		
	None	Mild	Moderate	Severe	Total
	Ma	les			
Health services used—					
General practitioner	3.9	7.2	11.1	14.1	5.8
Psychiatrist	0.8	2.7	2.6	7.8	1.7
Psychologist	0.8	* 1.1	* 1.5	* 4.1	1.1
Other mental health professional(c)	1.4	2.7	2.4	* 4.3	1.9
Other health professional(d)	0.8	2.6	3.6	6.0	1.7
Total who used health services(e)	5.9	11.1	12.6	19.3	8.1
Did not use health services	94.1	88.9	87.4	80.7	91.9
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	4,602.6	765.6	867.9	391.0	6,627.1
	Fem	ales			
Health services used—					
General practitioner	8.0	10.4	16.5	19.2	10.5
Psychiatrist	1.4	* 0.9	2.9	7.7	2.0
Psychologist	1.4	* 1.6	2.2	6.1	1.9
Other mental health professional(c)	2.7	3.1	3.7	6.2	3.2
Other health professional(d)	3.3	2.6	5.8	7.5	3.9
Total who used health services(e)	11.3	13.0	20.3	25.7	14.0
Did not use health services	88.7	87.0	79.7	74.3	86.0
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	4,269.8	971.5	1,106.1	490.3	6,837.7
	Pers	ons			
Health services used—					
General practitioner	5.9	9.0	14.1	17.0	8.2
Psychiatrist	1.1	1.7	2.8	7.8	1.8
Psychologist	1.1	1.4	1.9	5.2	1.5
Other mental health professional(c)	2.0	2.9	3.1	5.4	2.5
Other health professional(d)	2.0	2.6	4.8	6.9	2.8
Total who used health services(e)	8.5	12.2	16.9	22.8	11.1
Did not use health services	91.5	87.8	83.1	77.2	88.9
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	8,872.4	1,737.1	1,974.0	881.3	13,464.8

(a) During the twelve months prior to interview. See glossary for service use definitions. (b) During the four weeks prior to interview, according to the Brief Disability Questionnaire(BDQ). (c) Includes social worker, welfare officer, drug and alcohol counsellor, other counsellor, and mental health team. (d) Includes medical specialist, nurse, chemist, ambulance officer, and other health professional. (e) A person may have used more than one service. The components when added may therefore not add to the total shown. Also includes hospital admissions.

TABLE 20. PERSONS: SERVICES USED FOR MENTAL HEALTH PROBLEMS(a) BY AGE

Per cent

		Disability stat	us(b)		
	None	Mild	Moderate	Severe	Total
	18-3	34			
Health services used—					
General practitioner	5.7	11.7	18.6	* 17.0	7.5
Psychiatrist	1.2	* 2.6	* 4.9	* 11.0	1.8
Psychologist	1.3	* 3.3	* 1.8	* 11.8	1.8
Other mental health professional(c)	2.5	6.0	9.2	* 8.9	3.5
Other health professional(d)	1.5	* 4.1	* 4.2	* 9.5	2.1
Total who used health services(e)	8.9	19.2	23.1	27.9	11.5
Did not use health services	91.1	80.8	76.9	72.1	88.5
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	3,739.8	442.8	362.6	106.9	4,652.1
	35-6	54			
Health services used—					
General practitioner	6.6	10.2	18.0	24.6	9.9
Psychiatrist	1.1	* 1.9	3.5	11.7	2.2
Psychologist	1.0	* 1.0	3.0	7.5	1.7
Other mental health professional(c)	2.0	2.3	2.7	8.1	2.5
Other health professional(d)	1.3	* 1.2	2.8	5.9	1.8
Total who used health services(e)	9.0	12.3	21.5	31.7	12.8
Did not use health services	91.0	87.7	78.5	68.3	87.2
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	4,379.6	923.9	1,011.8	425.3	6,740.5
	65 and o	vver(f)			
Health services used—					
General practitioner	2.5	* 2.7	4.9	7.7	4.1
Total who used health services(e)	3.0	* 3.4	5.3	10.5	5.0
Did not use health services	97.0	96.6	94.7	89.5	95.0
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	753.0	370.4	599.6	349.1	2,072.1

(a) During the twelve months prior to interview. See glossary for service use definitions. (b) During the four weeks prior to interview, according to the Brief Disability Questionnaire(BDQ). (c) Includes social worker, welfare officer, drug and alcohol counsellor, other counsellor, and mental health team. (d) Includes medical specialist, nurse, chemist, ambulance officer, and other health professional. (e) A person may have used more than one service. The components when added may therefore not add to the total shown. Also includes hospital admissions. (f) For persons 65 and over some estimates are too small to report separately but are included in the totals.

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TABLE 21. PERSONS WHO USED SERVICES FOR	MENTAL HEALTH PROBLEMS(a)
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,000						
	With m	ental disorder(b)		Without	mental disorder(c)	
Perceived need for help	Males	Females	Persons	Males	Females	Persons
Information—						
No need	168.3	312.5	480.8	154.7	313.8	468.6
Need fully met	88.6	137.3	226.0	31.0	38.0	69.0
Need partially met	23.7	43.8	67.5	* 4.1	* 10.3	* 14.3
Need not met	58.0	72.6	130.6	* 10.3	29.4	39.6
Total	338.5	566.3	904.8	200.1	391.4	591.6
Medication-						
No need	124.4	208.8	333.1	95.9	190.5	286.4
Need fully met	166.8	310.6	477.4	97.0	181.0	278.0
Need partially met	34.3	29.2	63.4	* 6.8	* 11.8	18.7
Need not met	* 13.1	* 17.8	30.8	_	* 8.1	* 8.5
Total	338.5	566.3	904.8	200.1	391.4	591.6
Counselling-						
No need	87.3	139.4	226.7	94.7	157.6	252.4
Need fully met	158.8	254.7	413.5	76.6	169.0	245.6
Need partially met	55.5	75.5	131.1	* 15.8	26.8	42.6
Need not met	36.8	96.7	133.5	* 13.0	38.1	51.1
Total	338.5	566.3	904.8	200.1	391.4	591.6
Social intervention(d)—						
No need	277.3	482.2	759.6	186.8	361.7	548.5
Need fully met	* 14.6	23.0	37.7	**2.9	* 11.6	* 14.5
Need partially met	**3.7	* 7.2	* 10.9	_	_	_
Need not met	42.9	53.9	96.7	* 10.4	* 16.0	26.5
Total	338.5	566.3	904.8	200.1	391.4	591.6
Skills training(e)—						
No need	228.7	459.1	687.8	170.9	354.2	525.1
Need fully met	41.7	50.2	91.9	* 11.4	28.0	39.4
Need partially met	* 16.9	* 18.4	35.3	**3.2	**1.8	* 5.0
Need not met	51.3	38.5	89.8	* 14.7	* 7.4	22.1
Total	338.5	566.3	904.8	200.1	391.4	591.6

(a) During the twelve months prior to interview. See glossary for service use definitions. (b) Persons who meet criteria for a diagnosis of a mental disorder from the CIDI. See Paragraphs 12-16 of the Explanatory Notes. (c) Persons who did not meet criteria for a diagnosis of a mental disorder from the CIDI. (d) Help to improve ability to work, to care for self or to use time. (e) Help to sort out practical issues, such as housing or money problems.

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,000

Per cent						
	With m	ental disorder(b)		Without	mental disorder(c)	
Perceived need for help	Males	Females	Persons	Males	Females	Persons
Information—						
No need	49.7	55.2	53.1	77.3	80.2	79.2
Need fully met	26.2	24.3	25.0	15.5	9.7	11.7
Need partially met	7.0	7.7	7.5	* 2.0	* 2.6	* 2.4
Need not met	17.1	12.8	14.4	* 5.1	7.5	6.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Medication—						
No need	36.7	36.9	36.8	47.9	48.7	48.4
Need fully met	49.3	54.8	52.8	48.5	46.2	47.0
Need partially met	10.1	5.2	7.0	* 3.4	* 3.0	3.2
Need not met	* 3.9	* 3.1	3.4	_	* 2.1	* 1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Counselling—						
No need	25.8	24.6	25.1	47.3	40.3	42.7
Need fully met	46.9	45.0	45.7	38.3	43.2	41.5
Need partially met	16.4	13.3	14.5	* 7.9	6.8	7.2
Need not met	10.9	17.1	14.8	* 6.5	9.7	8.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Social intervention(d)—						
No need	81.9	85.2	83.9	93.3	92.4	92.7
Need fully met	* 4.3	4.1	4.2	**1.4	* 3.0	* 2.5
Need partially met	**1.1	* 1.3	* 1.2		_	_
Need not met	12.7	9.5	10.7	* 5.2	* 4.1	4.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Skills training(e)—						
No need	67.6	81.1	76.0	85.4	90.5	88.8
Need fully met	12.3	8.9	10.2	* 5.7	7.2	6.7
Need partially met	* 5.0	* 3.3	3.9	**1.6	**0.5	* 0.8
Need not met	15.1	6.8	9.9	* 7.3	* 1.9	3.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	338.5	566.3	904.8	200.1	391.4	591.6

TABLE 22. PERSONS WHO USED SERVICES FOR MENTAL HEALTH PROBLEMS(a) Per cont

(a) During the twelve months prior to interview. See glossary for service use definitions. (b) Persons who meet criteria for a diagnosis of a mental disorder from the CIDI. See Paragraphs 12-16 of the Explanatory Notes. (c) Persons who did not meet criteria for a diagnosis of a mental disorder from the CIDI. (d) Help to improve ability to work, to care for self or to use time. (e) Help to sort out practical issues, such as housing or money problems.

	Males		Females		Persons	
Perceived need for help	'000	%	,000	%	'000	%
Information—						
No need	600.1	73.8	545.8	82.1	1,145.9	77.5
Need not met	71.8	8.8	76.7	11.5	148.6	10.0
Not stated	141.2	17.4	42.6	6.4	183.8	12.4
Total	813.1	100.0	665.2	100.0	1,478.3	100.0
Medication-						
No need	621.0	76.4	584.7	87.9	1,205.7	81.6
Need not met	50.9	6.3	37.9	5.7	88.8	6.0
Not stated	141.2	17.4	42.6	6.4	183.8	12.4
Total	813.1	100.0	665.2	100.0	1,478.3	100.0
Counselling-						
No need	551.1	67.8	448.3	67.4	999.5	67.6
Need not met	120.7	14.9	174.2	26.2	295.0	20.0
Not stated	141.2	17.4	42.6	6.4	183.8	12.4
Total	813.1	100.0	665.2	100.0	1,478.3	100.0
Social intervention(c)—						
No need	593.9	73.0	563.6	84.7	1,157.4	78.3
Need not met	78.0	9.6	59.0	8.9	137.0	9.3
Not stated	141.2	17.4	42.6	6.4	183.8	12.4
Total	813.1	100.0	665.2	100.0	1,478.3	100.0
Skills training(d)—						
No need	612.9	75.4	579.8	87.2	1,192.7	80.7
Need not met	59.0	7.3	42.8	6.4	101.8	6.9
Not stated	141.2	17.4	42.6	6.4	183.8	12.4
Total	813.1	100.0	665.2	100.0	1,478.3	100.0

TABLE 23. PERSONS WITH A MENTAL DISORDER(a) WHO DID NOT USE SERVICES FOR MENTAL HEALTH PROBLEMS(b)

(a) Persons who meet criteria for a diagnosis of a mental disorder from the CIDI. See Paragraphs 12-16 of the Explanatory Notes. (b) During the twelve months prior to interview. See glossary for service use definitions. (c) Help to improve ability to work, to care for self or to use time. (d) Help to sort out practical issues, such as housing or money problems.

EXPLANATORY NOTES

INTRODUCTION	1 The National Survey of Mental Health and Wellbeing of Adults (SMHWB) was conducted throughout Australia from May to August 1997. The survey was an initiative of, and funded by, the Mental Health Branch of the Commonwealth Department of Health and Family Services (HFS) as part of the National Mental Health Strategy (NMHS).
	2 The SMHWB was designed to provide information on the prevalence of a range of major mental disorders, the level of disability associated with these disorders, and health services used and help needed as a consequence of a mental health problem for Australians aged 18 years or more. This information will assist monitoring initiatives of the NMHS and provide an Australian baseline against which future activity can be compared and evaluated.
	3 The SMHWB was conducted under the <i>Census and Statistics Act 1905</i> on a voluntary basis.
SCOPE	
	4 The SMHWB consisted of a representative sample of residents of private dwellings (houses, flats, home units etc.) in all States and Territories across both urban and rural areas. The survey sample excluded special dwellings (such as hospitals, nursing homes, hotels and hostels etc.), and dwellings in remote and sparsely settled parts of Australia.
	5 The survey also excluded persons from overseas holidaying in Australia, members of non-Australian defence forces and their dependents stationed in Australia, and households containing non-Australian diplomatic personnel.
SURVEY DESIGN	
	6 Dwellings were selected at random using a stratified multi-stage area sample which ensured that persons within each State and Territory had a known and, in the main, an equal chance of selection in the survey.
	7 Some 15,500 private dwellings were selected in the survey sample. Trained ABS interviewers approached approximately 13,600 dwellings (after those out of scope, vacant dwellings and dwellings under construction were excluded). Interviewers initially collected demographic details including age, sex and date of birth for all usual residents of selected dwellings. One person aged 18 years or over from each dwelling was then randomly chosen to participate in the survey and interviewed personally. The estimates contained in this publication are based on information obtained from approximately 10,600 people, representing a response rate of 78%.
	8 For this survey proxy, interpreted or foreign language interviews were not conducted. Additionally, interviewers requested that the interviews take place in private.
	9 At the request of the health authorities in Victoria, Western Australia and the Australian Capital Territory, the survey sample in those states was increased. The additional sample in the Australian Capital Territory has been included in this publication. Those in Victoria and Western Australia are not yet available since the additional interviews were not conducted as part of the main survey.

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METHODOLOGY

10 The WHO Centre at the University of New South Wales, contracted by HFS, developed a computer based interview to collect the survey data. Topics covered in the survey included:

- demographic and socioeconomic characteristics
- physical conditions
- mental disorders
- disability
- health service use
- perceived health needs.

Selected mental disorders

11 The survey collected information on a range of major mental disorders. This group of disorders are those which the Technical Advisory Committee considered to have the highest rates of prevalence in the population and which were also able to be identified in an interviewer based household survey. The disorders included in this publication are:

- Anxiety disorders
 - Panic disorder
 - Agoraphobia
 - Social phobia
 - Generalised anxiety disorder (GAD)
 - Obsessive-compulsive disorder (OCD)
 - Post-traumatic stress disorder (PTSD)
- Affective disorders
 - Depression
 - Dysthymia
 - Mania
 - Hypomania
 - Bipolar affective disorder
- Alcohol use disorders
 - Harmful use
 - Dependence
- Drug use disorders
 - Harmful use
 - Dependence.

Composite International Diagnostic Interview

12 Measuring mental health in the community through household surveys is a complex task as mental disorder is usually determined through clinical diagnoses. The SMHWB required a collection instrument that would accurately estimate the prevalence of specific mental disorders. The Composite International Diagnostic Interview (CIDI) was chosen because it:

- provides a fully structured diagnostic interview,
- is designed to be administered by lay interviewers,
- is a widely used instrument in epidemiological surveys, and

is supported by a network of international centres overseen by a WHO steering committee.

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Composite International Diagnostic Interview continued

13 The CIDI was initially produced as part of a major joint project between the WHO and the US Alcohol, Drug Abuse and Mental Health Administration during the 1980s. The CIDI is a comprehensive interview for adults which can be used to assess current and lifetime prevalence of mental disorders through the measurement of symptoms and their impact on day-to-day activities.

14 For the SMHWB the WHO Centre in Australia developed a modified version of the CIDI (1997). Further details are contained in the forthcoming survey user guide.

15 As part of the CIDI, probe questions are asked when a respondent is identified as having a symptom. These questions are designed to identify severity or clinical significance, whether the symptom was always caused by drugs, medicines, alcohol, physical illness or injury, or whether the symptom was due to mental disorder.

16 The questions in the CIDI are written to represent the criteria for a subset of mental disorders defined by the International Classification of Diseases—10th revision (ICD–10) and these are presented in this publication. A small number of additional questions are included so that criteria of the Diagnostic and Statistical Manual of Mental Disorders—4th revision (DSM–IV) can be identified. Responses to the questions are put together by computer algorithms, first to assess each criterion, and then to combine criteria into diagnoses. Further details on the criteria for mental disorder diagnosis are contained in the forthcoming survey user guide.

17 This survey used a number of different measures of disability: the Brief Disability Questionnaire (BDQ), the Short Form–12 (SF–12) and Days out of role (see Appendices 1 and 2, and Glossary). These were selected by the Technical Advisory Committee to allow comparison with previous Australian research as well as with overseas studies. The disability items used in this survey differ from those used in the ABS Survey of Disability, Ageing and Carers, which is based on the WHO International Classification of Impairments, Disabilities and Handicaps, and takes into account physical, intellectual and social functioning.

Health service utilisation

Disability

18 Respondents were asked about their health service utilisation for mental health problems and/or physical conditions. They were not asked these questions in relation to specific problems or conditions. Health service utilisation covered admissions to hospitals and consultations with a range of health professionals. Respondents were also asked about the number and length of admissions to hospital; and the number of, and venues for, consultations with health professionals.

Perceived health needs

19 Perceived health need questions were designed to identify whether people received the help they needed. Those who had used services for a mental health problem in the twelve months prior to interview were asked if they had received all the help they required. Those who indicated that their main health problem during the twelve months prior to interview was mental, but had not used health services, were asked whether they needed help (see Glossary).

Definitions

20 Definitions for those items covered in this publication are provided in the Glossary (p. 57). Comprehensive details of all the concepts, methodologies and procedures used in this survey will be provided in the forthcoming survey user guide.

ESTIMATION PROCEDURES

21 The estimation procedure developed for this survey ensures that survey estimates conform to independently estimated population distributions for the June quarter of 1997 at State by part of State (i.e. capital city, remainder of State), age and sex level.

22 Full details of the estimation procedures used are contained in the forthcoming survey user guide.

RELIABILITY OF ESTIMATES

23 Since the estimates are based on a sample they are subject to sampling variability (see Technical Note for further details). In this publication, only estimates with relative standard errors (RSEs) less than 25% are considered sufficiently reliable for most purposes. However, estimates with RSEs between 25% and less than 50% have been included and are preceded by an asterisk (e.g. *4.3) to indicate they are subject to high standard errors (SEs) and should be used with caution. Estimates with RSEs of 50% or more are also included and are preceded by a double asterisk (e.g. **0.1). Such estimates are considered too unreliable for general use.

24 In addition to sampling errors, the estimates are subject to non-sampling errors. These may be caused by errors in reporting (e.g. because some answers were based on memory, or because of misunderstanding or unwillingness of respondents to reveal all details) or errors arising during processing (e.g. coding, data recording). Such errors may occur in any statistical collection whether it is a full census count or a sample survey. Every effort is made to reduce non-sampling errors in the survey to a minimum by careful design and testing of questionnaires, by intensive training and supervision of interviewers, and by efficient operating procedures.

25 Non-response bias is another type of non-sampling error. Non-response bias may occur when people cannot or will not cooperate, or cannot be contacted. Non-response can introduce a bias to the results obtained in that non-respondents may have different characteristics and behaviour patterns in relation to their health than those persons who responded to the survey. No specific adjustment has been carried out to allow for this bias.

INTERPRETATION OF RESULTS

26 Information recorded in this survey is essentially 'as reported' by respondents, and hence may differ from that which might be obtained from other sources or via other methodologies. This factor should be considered in interpreting the estimates in this publication. There may also be some instances of under-reporting as a consequence of respondents being unwilling to talk about particular experiences, behaviours or conditions at an interview.

INTERPRETATION OF RESULTS continued

27 In terms of physical conditions, reported information was not medically verified, and was not necessarily based on diagnoses by a medical practitioner. In terms of mental disorders, the CIDI makes diagnoses against specific criteria. It has no facility for subjective interpretation. Hence, it cannot always replicate diagnoses made by a health professional. Conditions which have a considerable effect on people are likely to be better reported than those which have little effect. Some people may be unaware of minor conditions, and occasionally may have serious conditions which have not been diagnosed.

28 In addition, results of previous surveys of alcohol and illegal drug consumption suggest a tendency for respondents to under-report actual consumption levels.

29 The labour force questions used in this survey were based on the standard ABS minimum question set. However, the question to determine whether the respondent actively looked for work differed slightly. Therefore the data on employment status is not directly comparable with that from other ABS surveys. In addition, a number of additional, non-standard labour force items were included. Further details are contained in the forthcoming survey user guide.

30 The highest educational qualification items used in this survey comprised a slightly abridged version of the standard ABS level of attainment questions. Postgraduate qualifications were collected under one category, rather than through a more detailed breakdown. The survey also included a number of additional non-standard items on education. Further details are contained in the forthcoming survey user guide.

31 The exclusion from the survey of people currently in special dwellings (e.g. hotels, boarding houses and institutions) and homeless people will have affected the results. It is therefore likely that the survey underestimates the prevalence of mental disorder in the Australian population.

AGE STANDARDISATION

32 Standardisation is a technique used when comparing estimates for populations which have different structures. Where indicated in the text and tables in this publication, prevalence rates for disorders have been age standardised.

33 These standardised rates show the prevalence rates which would occur in different populations if they had the same age composition as the standard population. The standard population used in the publication is the estimated total Australian population used in the 1997 National Survey of Mental Health and Wellbeing of Adults.

34 For example, the prevalence of mental disorders among people who have never been married was 26% compared to 8% among widowed people (see table 5). However, people who have never been married are generally younger than those who have been widowed. Therefore, because mental disorder is age related, the difference between the prevalence rates of mental disorder for these two groups is partly due to their different age profiles. When the age rates within each of these groups are applied to the same population profile, then the age standardised rate for people who have never been married decreased to 22% and the prevalence for widowed people increased to 19% (see table 6).

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RELATED PUBLICATIONS

35 Current publications produced by the ABS are listed in the *Catalogue of Publications and Products* (Cat. no. 1101.0). The ABS also issues, on Tuesdays and Fridays, a *Release Advice* (Cat. no. 1105.0) which lists publications to be released in the next few days. The Catalogue and Release Advice are available from any ABS office.

36 The following publication on the survey will be released:

National Survey of Mental Health and Wellbeing of Adults: Users' Guide, 1997 (Cat. no. 4327.0)

37 Other ABS publications which may be of interest include:

Children's Health Screening, 1995 (Cat. no. 4337.0) Health Insurance Survey, Australia, June 1992 (Cat. no. 4335.0) National Health Survey: Health Related Actions, 1989–90 (Cat. no. 4375.0) National Health Survey: Health Risk Factors, 1989–90 (Cat. no. 4380.0) National Health Survey: Health Status Indicators, 1989–90 (Cat. no. 4370.0) National Health Survey: Summary of Results, 1989–90 (Cat. no. 4364.0) National Health Survey: Summary of Results, 1995 (Cat. no. 4364.0)

National Nutrition Survey: Selected Highlights, Australia, 1995 (Cat. no. 4802.0)

SYMBOLS AND OTHER USAGES

Abbreviations		
	ABS	Australian Bureau of Statistics
	BDQ	Brief Disability Questionnaire
	CIDI	Composite International Diagnostic Interview
	DSM-IV	Diagnostic and Statistical Manual of Mental Disorders—fourth edition
	GAD	Generalised anxiety disorder
	GP	General Practitioner
	HFS	Commonwealth Department of Health and Family Services
	ICD-10	International Classification of Diseases—10th revision
	MCS	Mental Component Summary
	MOS	Medical Outcomes Study
	NMHS	National Mental Health Strategy
	OCD	Obsessive-compulsive disorder
	OHP	Other Health Professional
	OMHP	Other Mental Health Professional
	PCS	Physical Component Summary
	PTSD	Post-traumatic stress disorder
	SMHWB	1997 National Survey of Mental Health and Wellbeing of Adults
	RSE	Relative standard error
	SE	Standard error
	SF-12	Short Form–12
	US	United States
	WHO	World Health Organization
	The WHO Centre	The World Health Organization Training and Reference Centre for CIDI in Australia

Symbols

*	Relative standard error of between 25% and less than 50%
**	Relative standard error of 50% or more
—	nil or rounded to zero

BRIEF DISABILITY QUESTIONNAIRE (BDQ)

The Brief Disability Questionnaire (BDQ) is a standard questionnaire containing eight questions which measures general levels of disability. It is an eight item scale which emphasises physical aspects of disability. Respondents are asked whether they are limited because of health problems in a number of activities such as running or sports; carrying groceries; climbing stairs; bending, lifting or stooping; walking long distances and bathing or using the toilet. They are also asked whether they have cut down or stopped activities, had decreased motivation or personal efficiency, or a deterioration in their social relations. The items in the BDQ refer to the four weeks prior to the interview.

For this publication, the Medical Outcomes Study (MOS) method of scoring (scale of 0-16) was used. A high score indicates that the respondent has been limited in their activities by health problems.

The BDQ differs from the measures of disability used in the ABS Survey of Disability, Ageing and Carers, which are based on the WHO's International Classification of Impairments, Disabilities and Handicaps, and takes into account physical, intellectual and social functioning.

BDQ MEAN(a) BY COMORBIDITY OF DISORDERS(b)

	Age group (years)						
	18-24	25-34	35-44	45-54	55-64	65 and over	Total
		Males					
Physical conditions only	1.7	2.1	2.7	3.2	4.6	5.3	3.9
Mental disorders only—							
Anxiety only	2.0	1.5	1.9	3.5	* 3.4	**0.0	2.3
Affective only	* 0.0	* 2.3	1.0	* 4.2			1.8
Substance use only	1.2	1.8	1.7	1.8	* 2.3	**7.5	1.7
Combination of mental disorders only(c)	2.2	2.7	3.1	4.1	**6.4		3.0
Total mental disorders only	1.4	2.0	2.0	3.1	3.3	**5.4	2.1
Mental disorders and physical conditions-							
Anxiety and physical only	* 8.0	* 3.8	2.9	6.0	* 6.4	7.3	5.5
Affective and physical only	* 2.6	* 4.1	* 0.5	* 4.4	* 5.8	**8.0	4.1
Substance use and physical only	0.7	2.5	4.1	2.4	3.5	* 6.5	2.6
Combination of mental disorders							
and physical conditions(c)	* 3.8	5.3	4.9	6.3	* 7.5	* 8.8	5.8
Total mental disorders and physical conditions	1.9	3.8	3.8	4.7	5.6	7.4	4.3
Total mental disorders	1.6	2.5	2.5	3.9	5.1	7.3	2.9
Total mental disorders or physical conditions	1.6	2.3	2.6	3.4	4.7	5.5	3.6
No mental disorders or physical conditions	0.6	1.1	1.3	1.2	1.6	2.5	1.2
Total	1.0	1.5	1.8	2.3	3.5	4.7	2.3

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BDQ MEAN(a) BY COMORBIDITY OF DISORDERS(b)—continued

			Age group (years)			
						65 and	
	18-24	25-34	35-44	45-54	55-64	over	Total
	F	emales					
Physical conditions only	2.0	2.3	2.9	3.8	4.5	5.5	4.2
Mental disorders only—							
Anxiety only	1.8	1.7	2.3	2.8	* 4.2	* 5.8	2.2
Affective only	2.0	1.6	1.7	* 2.5	* 5.3	* 2.7	2.1
Substance use only	1.5	1.9	* 1.1	* 2.6	**1.0	_	1.7
Combination of mental disorders only(c)	2.1	3.1	4.3	3.6	**2.7	**11.0	3.3
Total mental disorders only	1.9	2.0	2.6	2.9	* 4.2	* 5.0	2.3
Mental disorders and physical conditions—							
Anxiety and physical only	* 4.8	3.8	4.2	4.8	6.7	7.7	5.4
Affective and physical only	* 5.3	* 4.3	* 4.2	* 6.0	* 6.3	* 10.6	6.0
Substance use and physical only	2.5	* 2.9	* 3.6	* 4.8	* 5.0	**10.0	3.3
Combination of mental disorders							
and physical conditions(c)	3.7	5.1	6.4	6.7	9.0	* 6.5	6.2
Total mental disorders and physical conditions	3.8	4.2	5.0	5.5	7.2	8.0	5.5
	2.5	2.7	2.5	4.5	6.0	76	2.0
Total mental disorders	2.5	2.7	3.5	4.5	6.8	7.6	3.8
Total mental disorders or physical conditions	2.3	2.5	3.2	4.1	4.9	5.6	4.0
No mental disorders or physical conditions	0.9	1.1	1.3	1.6	1.9	2.5	1.4
Total	1.5	1.6	2.0	2.9	3.9	5.0	2.7
	Р	ersons					
Physical conditions only	1.9	2.2	2.8	3.5	4.5	5.4	4.1
Mental disorders only—							
Anxiety only	1.9	1.6	2.2	3.0	* 3.7	* 5.1	2.2
Affective only	1.5	1.8	1.4	3.3	* 5.3	* 2.7	2.0
Substance use only	1.3	1.8	1.6	1.9	* 2.2	**7.5	1.7
Combination of mental disorders only(c)	2.2	2.9	3.7	3.9	* 4.3	**11.0	3.1
Total mental disorders only	1.7	2.0	2.3	3.0	3.7	* 5.1	2.2
Mental disorders and physical conditions—							
Anxiety and physical only	* 5.9	3.8	3.7	5.1	6.6	7.6	5.4
Affective and physical only	* 4.3	4.2	* 3.3	5.4	6.2	* 10.2	5.4
Substance use and physical only	1.2	2.6	3.9	2.7	3.7	* 6.6	2.7
Combination of mental disorders							
and physical conditions(c)	3.7	5.2	5.9	6.5	8.4	7.3	6.1
Total mental disorders and physical conditions	2.8	4.0	4.5	5.2	6.5	7.7	5.0
Total mental disorders	2.0	2.6	3.0	4.2	6.0	7.4	3.4
Total mental disorders or physical conditions	2.0	2.4	2.9	3.8	4.8	5.6	3.8
No mental disorders or physical conditions	0.7	1.1	1.3	1.4	1.7	2.5	1.3

(a) During the four weeks prior to interview, according to the Brief Disability Questionnaire(BDQ). (b) During the twelve months prior to interview. (c) Combinations of mental disorders from more than one of the major groupings (anxiety, affective, and substance use).

SHORT FORM-12 (SF-12)

The SF–12 is a standard international instrument containing twelve questions which provides a generic measure of health status. It may be considered as a measure of disability because it addresses limitations due to physical and mental health. The SF–12 measures eight concepts: physical functioning, role limitations due to physical health problems, bodily pain, general health, vitality (energy/fatigue), social functioning, role limitations due to emotional problems, and mental health (psychological distress and psychological wellbeing). For this survey, most items in the scale refer to the four weeks prior to the interview.

From these items the Physical Component Summary (PCS) and the Mental Component Summary (MCS) are derived. The PCS focuses mainly on limitations in physical functioning, role limitations due to physical health problems, bodily pain and general health. The MCS focuses mainly on role limitations due to emotional problems, social functioning, mental health and vitality.

The PCS and MCS are scored using norm-based methods. Physical and mental regression weights and a constant for both measures came from the general population of the US. Both scales are transformed to have a mean of 50 and a standard deviation of 10 in the general US population. A lower score indicates a greater degree of disability.

SF-12 MEAN(a) BY COMORBIDITY OF DISORDERS(b)

_	Males		Females		Person	<u>s</u>
	SF-12 PCS(c)	SF-12 MCS(d)	SF-12 PCS(c)	SF-12 MCS(d)	SF-12 PCS(c)	SF-12 MCS(d)
Physical conditions only	44.47	53.75	44.69	53.18	44.59	53.44
Mental disorders only—						
Anxiety only	52.55	47.62	49.85	46.82	50.74	47.08
Affective only	53.31	42.73	51.04	44.48	51.72	43.96
Substance use only	51.39	50.83	51.82	48.21	51.49	50.22
Combination of mental disorders only(e)	49.63	37.60	51.41	37.70	50.56	37.65
Total mental disorders only	51.39	46.83	50.80	44.39	51.10	45.64
Mental disorders and physical conditions—						
Anxiety and physical only	40.03	41.70	42.40	45.47	41.65	44.28
Affective and physical only	42.27	40.81	42.97	40.03	42.76	40.26
Substance use and physical only	48.72	50.17	46.59	49.43	48.20	50.00
Combination of mental disorders						
and physical conditions(e)	43.51	37.97	41.87	37.51	42.52	37.69
Total mental disorders and physical conditions	44.65	43.99	42.73	42.40	43.58	43.10
Total mental disorders	48.75	45.71	47.07	43.47	47.88	44.55
Total mental disorders or physical conditions	46.06	50.76	45.53	49.75	45.78	50.22
No mental disorders or physical conditions	52.34	54.25	52.10	53.13	52.22	53.70
Total	49.40	52.62	48.75	51.41	49.07	52.00

(a) During the four weeks prior to interview (b) During the twelve months prior to interview. (c) Physical component summary. (d) Mental component summary. (e) Combinations of mental disorders from more than one of the major groupings (anxiety, affective, and substance use).

TECHNICAL NOTES

ESTIMATION PROCEDURES

Estimates from the survey were derived using a complex estimation procedure which ensures that survey estimates conform to independent population estimates by State, part of state, age and sex.

RELIABILITY OF THE ESTIMATES

Two types of error are possible in an estimate based on a sample survey: sampling error and non-sampling error. The sampling error is a measure of the variability that occurs by chance because a sample, rather than the entire population, is surveyed. Since the estimates in this publication are based on information obtained from occupants of a sample of dwellings they are subject to sampling variability; that is they may differ from the figures that would have been produced if all dwellings had been included in the survey. One measure of the likely difference is given by the standard error (SE). There are about two chances in three that a sample estimate will differ by less than one SE from the figure that would have been obtained if all dwellings had been included, and about 19 chances in 20 that the difference will be less than two SEs. Another measure of the likely difference is the relative standard error (RSE), which is obtained by expressing the SE as a percentage of the estimate. The RSE is a useful measure in that it provides an immediate indication of the percentage errors likely to have occurred due to sampling, and thus avoids the need to refer also to the size of the estimate.

The imprecision due to sampling variability, which is measured by the SE, should not be confused with inaccuracies that may occur because of imperfections in reporting by interviewers and respondents and errors made in coding and processing of data. Inaccuracies of this kind are referred to as the non-sampling error, and they may occur in any enumeration, whether it be in a full count or only a sample. In practice, the potential for non-sampling error adds to the uncertainty of the estimates caused by sampling variability. However, it is not possible to quantify the non-sampling error.

Space does not allow for the separate indication of the SEs of all estimates in this publication. A table of SEs and RSEs for estimates of numbers of persons is given in table T1. These figures will not give a precise measure of the SE for a particular estimate but will provide an indication of its magnitude.

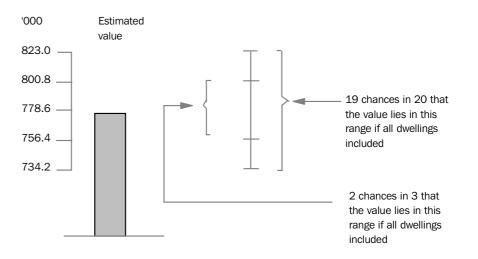
CALCULATION OF STANDARD ERRORS

As the SEs in table T1 show, the smaller the estimate the higher is the RSE. Very small estimates are subject to such high SEs (relative to the size of the estimate) as to detract seriously from their value for most reasonable uses. In the tables in this publication, only estimates with RSEs less than 25% are considered sufficiently reliable for most purposes. However, estimates with larger RSEs, between 25% and less than 50% have been included and are preceded by an asterisk (e.g. *3.4) to indicate they are subject to high SEs and should be used with caution. Estimates with RSEs of 50% or more are preceded with a double asterisk (e.g. *3.4). Such estimates are considered unreliable for most uses.

Table 1 shows that the estimated number of persons who had an affective disorder in the last 12 months was 778,600. The size of the estimate lies between 500,000 and 1,000,000. The corresponding SEs for these two numbers in table T1 are 19,400 and 24,450. The SE for 778,600 is calculated by interpolation using the following formula:

- SE = lower SE + ((size of estimate lower size) / (upper size lower size)) X (upper SE – lower SE)
 - $= 19,400 + ((778,600 500,000) / (1,000,000 500,000)) \times (24,450 19,400)$
 - = 22,200 (rounded to the nearest hundred)

Therefore, there are about two chances in three that the value that would have been produced if all dwellings had been included in the survey will fall in the range of 756,400 to 800,800 and about 19 chances in 20 that the value will fall within the range 734,200 to 823,000. This example is illustrated in the following diagram.



The smaller the estimate the higher the RSE. Very small estimates are thus subject to such high SEs (relative to the size of the estimate) as to detract seriously from their value for most reasonable uses.

STANDARD ERRORS OF PROPORTIONS AND PERCENTAGES

Proportions and percentages formed from the ratio of two estimates are also subject to sampling errors. The size of the error depends on the accuracy of both the numerator and the denominator. A formula to approximate the RSE of a proportion or percentage (based on person estimates) is given below:

RSE $(x/y) = \sqrt{([RSE(x)]^2 - RSE(y)]^2)}$

As an example, referring to table 2, 8.6% of males aged 18–24 years experienced an anxiety disorder during the last 12 months. From table 2, it can be calculated that the numerator is approximately 79,300 and the denominator is approximately 921,900. The SE of 921,900 is approximately 23,700, so the RSE is 2.6%. The SE of 79,300 is approximately 9,200, so the RSE is 11.6%. Applying the above formula, the RSE of the percentage is $\sqrt{[(11.6)^2-(2.6)^2]}$ or 11.3%, giving a SE for the proportion (8.6%) of 1.0 percentage points. Therefore, there are about two chances in three that the percentage of men aged 18–24 years who experienced an anxiety disorder is between 7.6% and 9.6% and 19 chances in 20 that the proportion is within the range 6.6% and 10.6%.

From the above formula, the RSE of the estimated proportion or percentage will be lower than the RSE of the estimate of the numerator. Thus an approximation for SEs of proportions or percentages may be derived by neglecting the RSE of the denominator, i.e. by obtaining the RSE of the number of persons corresponding to the numerator of the proportion or percentage and then applying this figure to the estimated proportion or percentage.

STANDARD ERRORS OF DIFFERENCES

As with estimates of proportions and percentages, published figures may also be used to estimate the difference between survey estimates (of numbers or percentages). Such a figure is itself an estimate and is subject to sampling error. The sampling error of the difference between two estimates depends on their SEs and the relationship (correlation) between them.

An approximate SE of the difference between two estimates (x–y) may be calculated by the following formula:

SE (x-y) = $\sqrt{([SE(x)]^2 + [SE(y)]^2)}$

While this formula will only be exact for differences between separate and uncorrelated characteristics or sub-populations it is likely to give reasonable SE estimates for the differences likely to be of interest in this publication.

STANDARD ERRORS OF STANDARDISED RATES

For age standardised rates for Australia, there is little difference in calculating RSEs to those given in table T1. Calculations of SEs for age standardised rates therefore remain as described above.

Size of estimate	SE	RSE % (a)
•••••		
(b)1 000	820	82.0
(b)1 500	1 070	71.3
(b)2 000	1 280	64.0
(b)2 500	1 500	60.0
(b)3 000	1 650	55.0
(b)3 500	1 800	51.4
(c)4 000	1 950	48.8
(c)5 000	2 250	45.0
(c)7 000	2 750	39.3
(c)10 000	3 350	33.5
(c)15 000	4 150	27.7
20 000	4 800	24.0
30 000	5 900	19.7
40 000	6 800	17.0
50 000	7 550	15.1
100 000	10 350	10.4
150 000	12 250	8.2
200 000	13 800	6.9
300 000	16 150	5.4
500 000	19 400	3.9
1 000 000	24 450	2.4
2 000 000	30 050	1.5
5 000 000	38 000	0.8
10 000 000	44 050	0.4

T1 SE and RSE(a) of person estimates

(a) Shows the SE for Australia as a percentage of the estimate.

(b) Estimates with a RSE of 50% or more. These estimates are considered unreliable for most purposes.

(c) Estimates with a RSE between 25% and less than 50%. These estimates should be treated with caution.

GLOSSARY

Affective disorders	A mood disturbance. Includes mania, hypomania, bipolar affective disorder, depression and dysthymia.
Agoraphobia	Fear of being in public places from which it may be difficult to escape. Includes fears of leaving home, entering shops, crowds, or travelling in trains, buses or planes. A compelling desire to avoid the phobic situation is often prominent.
Anxiety disorders	Feelings of tension, distress or nervousness. Includes Agoraphobia, Social phobia, Panic disorder, Generalised anxiety disorder (GAD), Obsessive-compulsive disorder (OCD), and Post-traumatic stress disorder (PTSD).
Bipolar affective disorder	Characterised by repeated episodes in which the person's mood and activity levels are significantly disturbed—on some occasions lowered (depression) and on some occasions elevated (mania or hypomania).
Brief Disability Questionnaire (BDQ)	A standard questionnaire which measures general levels of disability. For this publication, the Medical Outcomes Study (MOS) method of scoring (scale of 0–16) was used (see Appendix 1).
Comorbidity	The occurrence of more than one disorder at the same time.
Country of birth	Classified as Australia, main English speaking (comprises the New Zealand, United Kingdom, Ireland, Canada, United States of America and South Africa) or Other.
Days out of role	Number of days in the four weeks prior to interview respondents were unable to carry out usual activities fully.
Depression	A state of gloom, despondency or sadness lasting at least two weeks. The person usually suffers from low mood, loss of interest and enjoyment, and reduced energy. Their sleep, appetite and concentration may be affected.
Disability status	A measure which uses the BDQ score to characterise respondents as having none (score of 0–2), mild (3–4), moderate (5–9) or severe (10 or more).
DSM–IV	Diagnostic and Statistical Manual of Mental Disorders—fourth edition. The DSM–IV focuses on clinical, research and educational purposes, supported by an extensive empirical foundation.
Dysthymia	A disorder characterised by constant or constantly recurring chronic depression of mood, lasting at least two years, which is not sufficiently severe, or whose episodes are not sufficiently prolonged, to qualify as recurrent depressive disorder. The person feels tired and depressed, sleeps badly and feels inadequate, but is usually able to cope with the basic demands of everyday life.
Generalised anxiety disorder (GAD)	Unrealistic or excessive anxiety and worry about two or more life circumstance for six months or more during which the person has these concerns more days than not.
Geographic area	Capital city is the capital city Statistical Division for each State or Territory. Rest of State covers the remaining areas.

.....

GLOSSARY continued

Hypomania	A lesser degree of mania characterised by a persistent mild elevation of mood and increased activity lasting at least four days. Increased sociability, over-familiarity and a decreased need for sleep are often present, but not to the extent that they lead to severe disruption.
ICD-10	International Classification of Diseases—10th revision. The ICD is produced by the WHO and is used in the diagnosis, study and classification of diseases, Chapter V is related specifically to mental and behavioural disorders.
Mania	A disorder in which mood is happy, elevated, expansive or irritable out of keeping with the person's circumstances lasting at least seven days. The person may exhibit hyperactivity, inflated self-esteem, distractability and over-familiar or reckless behaviour.
Mental disorder	According to the ICD–10 Classification of Mental and Behavioural Disorders, a disorder implies 'the existence of a clinically recognisable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions' (WHO 1992, p. 5). Most diagnoses require criteria relating to severity and duration to be met.
Mental health problem	Problems with mental health, such as worry or sadness, regardless of whether or not they met criteria for mental disorders.
Obsessive-compulsive disorder (OCD)	<i>Obsessions</i> are recurrent, persistent ideas, thoughts, images or impulses that intrude into the person's consciousness against their will. The person experiences these as being senseless or repugnant, but is unable to ignore or suppress them.
	<i>Compulsions</i> are recurrent, stereotyped behaviours that are performed according to certain rules. The person often views them as preventing some unlikely event, often involving harm to, or caused by, him or herself. The person generally recognises the senselessness of the behaviour, attempts to resist it and does not derive pleasure from carrying out the activity.
Panic disorder	The essential feature of this disorder is panic (anxiety) attacks that occur suddenly and unpredictably. A panic attack is a discrete episode of intense fear or discomfort.
Perceived health needs	 For each type of help received, respondents were classified as follows: no need—those who were not receiving help and felt that they had no need of it; need fully met—those who were receiving help and felt that it was adequate; need partially met—those who were receiving help but not as much as they felt they needed; and need not met—those who were not receiving help but felt that they needed it.
Physical conditions	The presence of any of the following selected chronic (long-lasting) and current conditions: asthma, chronic bronchitis, anaemia, high blood pressure, heart trouble, arthritis, kidney disease, diabetes, cancer, stomach or duodenal ulcer, chronic gall bladder or liver trouble, hernia or rupture.

GLOSSARY continued

Post-traumatic stress disorder (PTSD)	A delayed and/or protracted response to a psychologically distressing event that is outside the range experience of usual human experience (i.e., outside the range of experiences such as bereavement, chronic illness, business losses, and marital conflict). Experiencing such an event is usually associated with intense fear, terror, and helplessness. The characteristic symptoms involve re-experiencing the traumatic event (flashbacks), avoidance of situations or activities associated with the event, numbing of general responsiveness, and increased arousal.
Prevalence	The number of cases of a disease present in a population at a given time.
Service use	Admissions to hospitals and consultations with health professionals. Information was collected on type of hospital used, number of admissions and total number of nights resident in hospital, type of professional consulted, number of consultations and place of consultation.
	<i>Hospital</i> . Includes general hospitals, psychiatric hospitals and drug and alcohol rehabilitation centres.
	<i>Doctor</i> . A person holding a medical degree and therefore includes general practitioners and medical specialists, such as surgeons, physicians, pathologists, and psychiatrists.
	<i>Health professional</i> . Includes health professionals other than medically qualified doctors: acupuncturist, audiologist, chiropractor, chemist/pharmacist, chiropodist, dietitian, herbalist, hypnotherapist, naturopath, nurses, optician/optometrist, osteopath, occupational therapist, physiotherapist, psychologist, social worker, and speech therapist.
Service use for mental health problems	Services used (as above) for self-perceived mental health problems in the twelve months prior to interview. An individual may have considered they had a mental health problem prior to using services, or may have come to the realisation following consultation with a health professional.
Short Form-12 (SF-12)	A standard international instrument designed to provide information on general health and wellbeing. The questionnaire produces separate physical and mental component summaries (PCS and MCS) (see Appendix 2).
Social phobia	A persistent, irrational fear of being the focus of attention, or fear of behaving in a way that will be embarrassing or humiliating. These fears arise in social situations such as meeting new people or speaking in public. A compelling desire to avoid the phobic situation may result.

GLOSSARY continued

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Substance use disorders	Substance use disorders are harmful use and/or dependence on drugs and/or
	alcohol. Four drug categories, including both illegal and prescription drugs, have
	been included in this survey:
	 sedatives e.g. barbiturates, librium, serepax, sleeping pills, valium
	 stimulants e.g. amphetamines, dexedrine, speed
	 marijuana i.e. hashish

• opioids e.g. heroin, methadone, opium.

Harmful use. A pattern of use of psychoactive substances that is causing damage to physical or mental health. Harmful patterns are often associated with adverse social consequences.

Dependence. A set of symptoms in which the use of drugs or alcohol takes on a much higher priority for a person than other behaviours that once had greater value. The central characteristic is the strong, sometimes overpowering, desire to take the substance.

Type of help A range of assistance provided by health services for mental problems:

- information
- medication
- counselling
- social intervention to help sort out practical issues, such as housing or financial problems
- skills training to improve your ability to work, to look after yourself or to use your time.

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