

Mental health

Mental health may affect a person's ability to interact successfully with their family, friends, work-mates and the broader community. It can cause significant distress and disability, and can lead to isolation of, and discrimination against, those affected.¹

People with a mental health disorder may not be able to fully participate in the labour force. This has individual impacts in terms of the person's income, social participation and self-esteem, and also has wider economic impacts. The annual cost of mental illness in Australia has been estimated at \$20 billion, which includes the cost of lost productivity and labour force participation.² In 2003, mental disorders were identified as the leading cause of healthy years of life lost due to disability.³

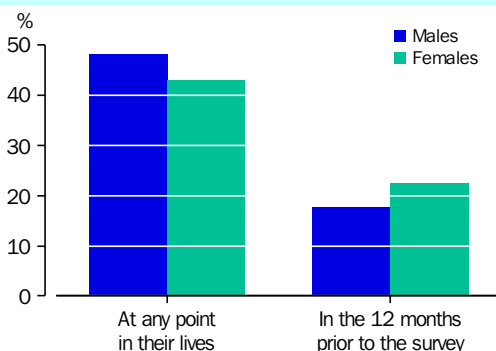
This article focuses on people who had experienced mental illness in the 12 months prior to being surveyed in 2007.

In 2007, almost half (45%) of all Australians had experienced a mental disorder at some point in their lifetime.

Prevalence

In 2007, 45% of Australians aged 16–85 years (or 7.3 million people) had, at some point in their lifetime, experienced at least one of the selected mental disorders (anxiety, mood or substance use disorders). Since relatively many more men than women meet the criteria for a substance use disorder (often alcohol-related) at some stage, men were more likely than women to have had a mental disorder in their lifetime.

Proportion of people aged 16–85 with a mental disorder^(a) — 2007



(a) Selected mood, anxiety and substance use disorders

Source: [National Survey of Mental Health and Wellbeing: Summary of Results, 2007](#) (ABS cat. no. 4326.0)

Definitions

A *mental disorder* (or mental illness) is a clinically recognisable set of symptoms or behaviours associated with distress and with interference with personal functions. The selected disorders explored by the 2007 National Survey of Mental Health and Wellbeing (SMHWB) can be separated into three groups: anxiety, mood and substance use disorders.

Anxiety disorders generally involve feelings of tension, distress or nervousness. A person may avoid, or endure with dread, situations which cause these types of feelings. In this article anxiety disorders comprise: panic disorder, agoraphobia, social phobia, generalised anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder.

Mood disorders (or affective disorders) involve mood disturbance, or change in affect. Most of these disorders tend to be recurrent and the onset of individual episodes can often be related to stressful events or situations. In this article mood disorders comprise: depressive episode, dysthymia and bipolar affective disorder.

Substance use disorders involve harmful use and/or dependence on alcohol and/or drugs. In this article they comprise: alcohol harmful use, alcohol dependence and drug use disorders.

A *physical condition* may include but is not limited to a medical condition, illness, injury or disability such as: asthma, cancer, stroke (or the effects of stroke), rheumatism or arthritis, diabetes, kidney problems, stomach ulcer, hernia or back or neck problems. For more information see the [National Survey of Mental Health and Wellbeing: Summary of Results, 2007](#) (ABS cat. no. 4326.0).

Unless otherwise stated, the information in this article relates to people aged 16–85 years and is based on the International Classification of Diseases and Related Health Problems (ICD-10). Some ICD-10 disorder criteria have a 'diagnostic exclusion rule', so that one disorder takes precedence over another. This means that if, for example, a person's symptoms of anxiety are due to the presence of post-traumatic stress disorder, that person will not also be diagnosed with generalised anxiety disorder. All prevalence data presented (including comorbidity data) are subject to the diagnostic exclusion rule.

While this article often separates the discussion of mental disorders by type, some of these people have more than one mental disorder, and this may add to the effects and/or severity that they experience.

This pattern was reversed when looking at mental disorders in the 12 months prior to the survey, when women were more likely than men to have had symptoms of mental illness (22% and 18% respectively). The higher rate of anxiety disorders among women was the main contributor to this differential across all age groups.

Data source

Most of the information in this article comes from the 2007 National Survey of Mental Health and Wellbeing (SMHWB). Measuring the prevalence of mental disorders in the community is a complex task, as such disorders are usually determined through clinical diagnosis. The SMHWB only covered those disorders which could be identified using an interview-based household survey. A modified version of the Composite International Diagnostic Interview was used to diagnose disorders. For more information see the [National Survey of Mental Health and Wellbeing: Users' Guide, 2007](#) (ABS cat. no. 4327.0).

The SMHWB was also conducted in 1997 but there were differences in the application of the diagnostic criteria in 1997 compared with 2007. Therefore the results are not comparable and 1997 data are not shown in this article. For more information see the [National Survey of Mental Health and Wellbeing: Users' Guide, 2007](#) (ABS cat. no. 4327.0).

About 60% of the people who were selected in the 2007 SMHWB responded to the survey. The response rate may have been affected by the sensitive topic, the fact that the questions took a relatively long time to answer and the fact that participation in the survey was voluntary. The ABS re-weighted the estimates to minimise possible bias due to non-response. For more information see the [National Survey of Mental Health and Wellbeing: Users' Guide, 2007](#) (ABS cat. no. 4327.0).

The rates of mental illness were higher for men aged 16–34 years (23%) and women aged 16–24 years (30%) compared with older age groups.

...anxiety disorders

Anxiety disorders generally involve feelings of tension, distress or nervousness. Specific anxiety disorders such as panic disorder, agoraphobia and generalised anxiety disorder have some symptoms in common such as a pounding heart, sweating, trembling, shaking and having difficulty breathing.⁴ In 2007, anxiety disorders were the most common

mental disorders, affecting 14% of all people aged 16–85 years in the 12 months prior to the survey. Women were more likely to have experienced anxiety disorders than men (18% and 11% respectively). Anxiety disorders were more common in women aged 16–54 years (21%) compared with older women aged 65–85 years (6.3%).

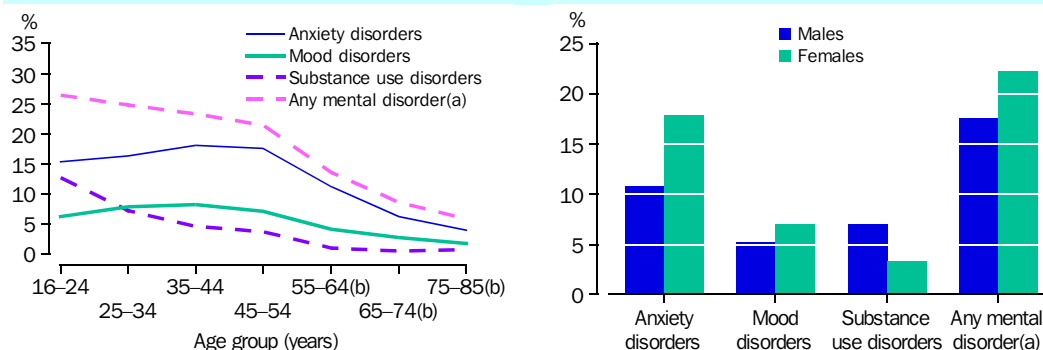
...mood disorders

Mood disorders (also known as affective disorders), such as depression, dysthymia and bipolar affective disorder, affected 6.2% of people aged 16–85 years (7.1% of women and 5.3% of men). The rate was higher for those aged 16–44 years (7.6%) than it was for those aged 55–85 years (3.3%). Depression and dysthymia may involve signs such as a depressed mood, loss of self-confidence and esteem, and reduced energy or activity over a period of at least two weeks. Bipolar disorder involves episodes of mania either alone or together with depressive episodes. Manic episodes may be characterised by less need for sleep, increased activity or restlessness and reckless behaviour.⁴

...substance use disorders

The harmful use of alcohol and other drugs is an issue that has many negative effects for individuals, their families and friends, and the wider community. Substance use disorders, involving harmful use of, or dependency on, alcohol or other drugs, were slightly less prevalent than other types of mental disorders, affecting 5.1% of people aged 16–85 years. Substance use disorders were more common in men (7.0%) than in women (3.3%). Substance use disorders were more likely for those aged 16–24 years (13%) than for other age groups, and were the most prevalent disorders for males of this age (15%).

Prevalence of selected mental disorders in the previous 12 months — 2007



(a) People may have had more than one disorder so components do not add to 'any mental disorder' total

(b) The estimates for substance use disorders for those aged 55–64, 65–74 and 75–85 years, and for mood disorders for those aged 75–85 years, have a relative standard error of 25% to 50% and should be used with caution

Source: [National Survey of Mental Health and Wellbeing: Summary of Results, 2007](#) (ABS cat. no. 4326.0)

...severity

The symptoms of mental illness may interfere with people's lives in different ways and to different degrees. The severity of mental disorders can be classified as mild, moderate or severe, based on what people said about the impact of symptoms on their home management, social life, ability to work and relationships.

Of all people with a mental disorder in 2007, just over one-fifth (21%) had a severe disorder, one-third (33%) had a moderate disorder and just under half (46%) had a mild disorder.

...comorbidity

People with a mental illness may have more than one disorder at any one time. This is known as comorbidity. The disorders may or may not be from the same group of mental health disorders. For example, a person could have an anxiety disorder such as agoraphobia, together with a substance use disorder such as alcohol dependency. Having multiple mental disorders is associated with greater impairment, higher risk of suicidal behaviour and greater use of health services.⁵

In 2007, 38% of all people with a mental illness (or 1.2 million people) had two or more mental disorders. A mix of mood and anxiety disorders was the most common combination, making up 39% of all comorbidity cases (472,000 people). People with more than one anxiety disorder made up a further 27% (331,000 people).

People with a mental illness are more likely than those without to have physical conditions, such as back or neck pain/problems, asthma or heart trouble, further compounding the difficulties they face.

In 2007, 59% of people with a mental illness also had a physical condition, compared with 48% of those without any mental disorder. After adjusting for age differences in the populations with and without mental illness, the gap between the rates of those with physical conditions further widened (from 11 to 17 percentage points). Comorbidity with physical conditions was most common for people with mood disorders, 64% of whom also had a physical condition.

Social isolation

Relationships are important since they provide people with networks of support. While mental health is related to social isolation, the causal link is hard to establish. People with a mental illness may be unable to participate fully in the community because of the difficulties they face in everyday functioning, while the experience of social isolation may play a role in the onset and development of poor mental health and/or illness.

...contact with family and friends

In 2007, while most people, both with and without a mental illness, said they had contact with their friends at least once a month, people with a mental illness were less likely to have this regular contact (90%) than were people without a mental illness (95%).

Indicators of social isolation — 2007

		With a mental illness			Without a mental illness		
		Male	Female	Total	Male	Female	Total
Contact with family and friends(a)							
Had contact with friends at least once a month	%	89.0	90.6	89.9	94.7	95.9	95.3
Had family could rely on and confide in with a serious problem	%	83.2	86.9	85.3	90.7	92.4	91.5
Living arrangements(a)							
Lone person	%	16.4	13.9	15.0	12.1	13.4	12.7
Separated/divorced/widowed	%	12.2	17.6	15.2	9.5	16.8	13.1
Total population aged 16–85 years	'000	1 400.1	1 797.7	3 197.8	6 549.7	6 267.8	12 817.5
Labour force(b)							
Unemployed people %	%	4.6	3.6	4.0	3.1	2.2	2.7
Employed people %	%	77.3	63.0	69.3	80.5	70.5	75.7
Total population aged 16–65 years	'000	1 335.7	1 700.2	3 035.9	5 567.5	5 192.3	10 759.8

(a) People aged 16–85 years with mental disorders within the previous 12 months

(b) People aged 16–65 years with mental disorders within the previous 12 months

Source: ABS 2007 National Survey of Mental Health and Wellbeing

People with a mental illness were also less likely to feel that they had family that they could rely on, and family that they could confide in with a serious problem, than were those without a mental illness (85% compared with 92%).

...living arrangements

In 2007, people with a mental illness were more likely than others to be living by themselves (15% compared with 13%) or to be separated, divorced or widowed (15% compared with 13%). These rates further diverged when adjusted for the age differences of the two populations.

...work

Employment provides income and therefore affects a person's economic wellbeing, but it also provides an opportunity for social engagement and improved self-esteem. People with a mental illness may find it difficult to get and keep a job.

In 2007, unemployment was slightly higher for those with a mental illness than those without (4.0% compared with 2.7%) and this was true for both men and women. The employment to population ratio was lower for people with a mental illness (69%) than those without (76%). The gap was greater for women than men (8 percentage points compared with 3 percentage points).

Mental health service use

Deinstitutionalisation over recent decades has seen less use of long-stay mental institutions and more use of community mental health services.⁶ People with a mental illness may use a variety of services to help meet their need for information, medication, counselling, social intervention or skills training. Social intervention includes help to sort out practical issues, such as money or housing, and help to meet people for support or company. Skills training includes help to improve people's ability to work or care for themselves.

In 2007, nearly two-thirds (65%) of people with a mental disorder had not used services for their mental health problems in the 12 months before the survey. Most (86%) of those people who did not access any services said that they had no need for any type of assistance.

People aged 16–34 years were less likely to have used services for their mental health problems (29%) than people aged 35–54 (41%) or 55–85 years (37%). The most common group of disorders for young people was substance use disorders (often related to alcohol), which were more likely to be mild disorders than the other groups of disorders, and may have therefore contributed to the lower rate of service use.

Mental health services in Australia

In the four years to 2005–06, expenditure on state and territory mental health services as a whole increased by an average of 5.2% per year, to \$2.7 billion.

The number of visits to GPs for mental health reasons increased by an average of 3% per year in the four years to 2006–07, to 10.7 million encounters that year, or one in ten of all GP encounters.

The number of Medicare-funded psychiatrist services declined in the five years leading into 2006–07, from about 2.1 million to 2 million. While these were accessed at a rate of 96 services per 1,000 people for Australia, there were distinct geographic differences. The rate of access of services per 1,000 people ranged from 19 in Very Remote areas to 113 in Major Cities.⁷

These geographic differences were also evident in the Medicare-funded mental health services provided by allied health professionals (for psychologists, social workers and occupational therapists) in 2005–06. There were 33 services per 1,000 people in Major Cities, while there were only 22 services per 1,000 people in Remote Areas. This rate dropped to 5 services per 1,000 people in Very Remote areas.

Source: Australian Institute of Health and Welfare (2008), *Mental health services in Australia 2005–06*, pp xi–xii.

Women were more likely than men to have used a service for mental health problems (41% compared with 28%). This is consistent with the fact that women are more likely than men to use health services in general⁷ and tend to suffer from different, and more severe, disorders than men. People with two or more mental disorders were more likely to use a service (53%) than people with one disorder only (24%).

Of people with only one disorder, those with a mood disorder were the most likely to use a service for mental health problems (50%), compared with people with an anxiety disorder (22%) or a substance use disorder (11%). These higher rates of service use for people with mood disorders and the lower rates for people with substance-use disorders may be related to the differing severity levels of these types of disorders, since over half of those people with a mood disorder had a severe disorder (51%).

The most common service used was visiting a GP (25%) followed by seeing a psychologist (13%). GP consultation was the most common service used by both sexes, across all ages, types of mental disorders and across Major Cities⁸ or other areas.

While men and women with mental disorders were equally likely to use the services of a psychologist for mental health problems, people from Major Cities were almost twice as likely to have used a psychologist (15%) compared with those from other areas (8%). This may be related to reduced access to such services in more remote areas.

People with mental disorders^(a) by health services used for mental health problems^(b) — 2007

	General practitioner	Psychologist	Other(c)	Total who used services for mental health problems	People who had a need not fully met
	%	%	%	%	%
Sex					
Male	18.0	13.1	15.1	27.5	25.2
Female	29.9	13.2	19.9	40.7	28.9
Age group (years)					
16–34	20.3	11.8	14.7	28.6	26.2
35–54	27.7	16.2	21.0	40.5	30.3
55–85	28.9	8.7	17.6	37.3	22.1
Geography					
Major Cities of Australia	25.5	15.5	18.6	36.9	29.4
Other areas of Australia	22.9	8.3	16.0	30.8	22.7
Number and type of mental disorders					
Mood disorder only	41.9	*21.0	23.0	49.7	33.5
Anxiety disorder only	12.2	6.5	10.4	22.0	15.8
Substance-use disorder only	*6.9	**4.5	*5.6	*11.1	7.2
One mental disorder only	15.8	8.4	11.3	24.0	16.7
Two or more mental disorders	39.3	21.0	28.3	52.7	44.6
Physical conditions					
Mental disorder(s) with physical condition(s)	27.1	12.7	17.8	37.4	29.3
Total aged 16–85 years	24.7	13.2	17.8	34.9	27.3

* estimate has a relative standard error of 25% to 50% and should be used with caution

** estimate has a relative standard error of greater than 50% and is considered too unreliable for general use

(a) People aged 16–85 years with mental disorders within the previous 12 months

(b) Health services used within the previous 12 months

(c) Includes consultations with: psychiatrist, mental health nurse, social worker, counsellor, medical specialist, and complementary/alternative therapist

Source: ABS 2007 National Survey of Mental Health and Wellbeing

In 2007, there were about 872,000 people who had a mental health disorder and felt they had an unmet need for assistance (including 288,000 people with a mental illness who did not use services but who felt they had one or more unmet needs).

The most common type of perceived unmet need was for counselling (16% of all people with a mental health disorder), followed by information (14%) and social intervention

Suicide

Suicide occurs at the rate of about 1 per 10 000 people per year. The 2007 Survey of Mental Health and Wellbeing asked people about suicidal tendencies in the previous 12 months. In 2007, people with a mental illness were much more likely to have had serious thoughts about committing suicide than other people (8.3% compared with less than 0.8%). The rate was highest for people with mood disorders (17%).

Almost three-quarters of people who had had serious thoughts about committing suicide had a mental disorder (72%). Of these people, 77% had an anxiety disorder, 63% had a mood disorder and 34% had a substance use disorder.

(12%), includes help to sort out practical issues, such as money or housing, or help to meet people for support or company).

Conclusion

Mental illness may have a variety of negative effects upon individuals' lives including, but not limited to, discrimination and social isolation. Mental illness costs billions of dollars a year, including the costs of treatment, lost productivity and lost participation in the labour force, and affects millions of Australians. One in five Australians aged 16–85 years had a mental disorder in 2007 and almost one in two (or 7.3 million people) had experienced a mental disorder at some point in their lives.

Endnotes

- 1 Australian Institute of Health and Welfare (2008) *Australia's Health 2008*, p. 219.
- 2 Council of Australian Governments (2006), *National Action Plan on Mental Health 2006–2011*, p. 1.

- 3 Australian Institute of Health and Welfare (2008), *Australia's Health 2008*, pp. 52–56.
- 4 World Health Organization, 'International Classification of Diseases', viewed 17 December 2008, <<http://www.who.int/classifications/icd/en/>>.
- 5 Australian Bureau of Statistics (2008), 2007 *National Survey of Mental Health and Wellbeing: Summary of Results* (ABS cat. no. 4326.0), p. 21.
- 6 Senate Community Affairs Committee (2008), *Towards recovery: mental health services in Australia*, p. 8.
- 7 Australian Bureau of Statistics (2006), *2004–05 National Health Survey: Summary of Results* (ABS cat. no. 4364.0), p. 13.
- 8 Classified using Remoteness Area, a structure of the Australian Standard Geographical Classification.