



2001

New  
Issue

4811.0

# NATIONAL HEALTH SURVEY: MENTAL HEALTH

AUSTRALIA

EMBARGO: 11.30AM (CANBERRA TIME) THURS 4 DEC 2003

## CONTENTS

	<i>page</i>
Notes .....	2
Abbreviations .....	3
Summary of findings .....	4

## TABLES

List of tables .....	27
Summary tables .....	28

## ADDITIONAL INFORMATION

Explanatory Notes .....	46
Technical Note .....	50
Glossary .....	53
Bibliography .....	58

## INQUIRIES

- For further information about these and related statistics, contact the National Information and Referral Service on 1300 135 070.

## INTRODUCTION

This publication presents mental health information collected in the National Health Survey (NHS) which was conducted by the Australian Bureau of Statistics (ABS) from February to November 2001 (see Explanatory Notes). The survey was designed to obtain national benchmarks on a wide range of health issues, and to enable the monitoring of changes in health over time.

Information was collected on mental health through questions covering:

- self-reported long-term mental and behavioural problems
- the Kessler Psychological Distress Scale –10 (K10) questionnaire (see Glossary)
- type of medication used for mental wellbeing
- a quality of life measure: the Delighted-Terrible Scale
- role limitations due to emotional problems.

The two main measures analysed in this publication are long-term mental and behavioural problems, and psychological distress as measured by the K10. Additional information from the other three measures is also included where possible.

Mental and behavioural problems were identified through the self-reported information on long-term conditions obtained by the survey. However, unlike for other National Health Priority Area (NHPA) conditions such as cancer, cardiovascular conditions, diabetes and asthma, respondents in the survey were not specifically asked whether they had been diagnosed with any mental disorders. Therefore the information provided by respondents may have been based on self-diagnosis rather than diagnosis by a health professional. The proportions of the population with specific mental and behavioural problems are also small. Analysis in this publication is therefore confined to the broader level of mental health conditions.

Dennis Trewin  
Australian Statistician

## ABBREVIATIONS

---

<b>ABS</b>	Australian Bureau of Statistics
<b>ACT</b>	Australian Capital Territory
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>Aust.</b>	Australia
<b>BMI</b>	body mass index
<b>CURF</b>	Confidentialised Unit Record File
<b>DoHA</b>	Department of Health and Ageing
<b>GP</b>	General Medical Practitioner
<b>ICD-10</b>	International Classification of Diseases 10th Revision
<b>ICD-9</b>	International Classification of Diseases, 9th Revision
<b>kg</b>	kilogram
<b>m</b>	metre
<b>n.e.c.</b>	not elsewhere classified
<b>no.</b>	number
<b>NHMRC</b>	National Health and Medical Research Council
<b>NHPA</b>	National Health Priority Area
<b>NHS</b>	National Health Survey
<b>NSW</b>	New South Wales
<b>NT</b>	Northern Territory
<b>OHP</b>	Other health professional
<b>Qld</b>	Queensland
<b>RADL</b>	Remote Access Data Laboratory
<b>RSE</b>	relative standard error
<b>SA</b>	South Australia
<b>SE</b>	standard error
<b>SEIFA</b>	Socio-Economic Indexes for Areas
<b>SF-12</b>	Short Form-12
<b>Tas.</b>	Tasmania
<b>Vic.</b>	Victoria
<b>WA</b>	Western Australia

## SUMMARY OF FINDINGS

### PREVALENCE

*Sex and age: people with long-term mental and behavioural problems*

Most people in Australia enjoy good mental health. However, in 2001, approximately 1.8 million people (9.6% of the population) reported having a long-term mental or behavioural problem that had lasted, or was expected to last, for six months or more. Females were more likely than males to report having a mental or behavioural problem (10.6% of females and 8.5% of males).

In 2001, the most commonly reported mental and behavioural problems were mood (affective) problems and anxiety related problems. Each of these were reported by 4.5% of people.

### PERSONS: MENTAL AND BEHAVIOURAL PROBLEMS (a)

	Males		Females		Persons	
	'000	%	'000	%	'000	%
Type of mental and behavioural problem						
Organic mental problems	*8.3	*0.1	*13.3	*0.1	21.6	0.1
Alcohol and drug problems	78.9	0.8	51.8	0.5	130.6	0.7
Mood (affective) problems	320.3	3.4	528.6	5.5	848.9	4.5
Anxiety related problems	317.4	3.4	535.9	5.6	853.3	4.5
Problems of psychological development	142.6	1.5	92.8	1.0	235.4	1.2
Behavioural and emotional problems with usual onset in childhood/adolescence	108.1	1.2	38.7	0.4	146.8	0.8
Other mental and behavioural problems	56.7	0.6	28.4	0.3	85.1	0.4
Symptoms and signs involving cognition, perceptions, emotional state and behaviour	75.4	0.8	78.6	0.8	154.0	0.8
<b>Total with mental and behavioural problems(b)</b>	<b>796.4</b>	<b>8.5</b>	<b>1 016.2</b>	<b>10.6</b>	<b>1 812.6</b>	<b>9.6</b>
<b>Total without mental and behavioural problems</b>	<b>8 568.5</b>	<b>91.5</b>	<b>8 535.1</b>	<b>89.4</b>	<b>17 103.7</b>	<b>90.4</b>
<b>Total</b>	<b>9 364.9</b>	<b>100.0</b>	<b>9 551.4</b>	<b>100.0</b>	<b>18 916.3</b>	<b>100.0</b>

\* estimate is subject to sampling variability too high for most practical purposes

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

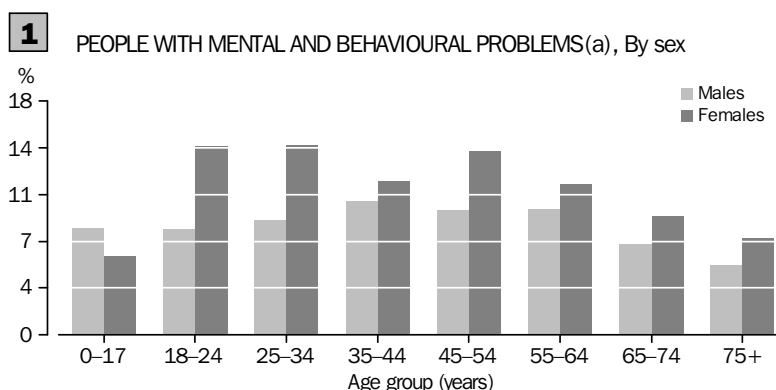
(b) Persons may have reported more than one mental and behavioural problem and therefore components may not add to totals.

Mental and behavioural problems overall were more prevalent in adults aged between 18 and 64 years. With the exception of those aged 0–17 years, females recorded the highest rate of mental and behavioural problems overall in each age group. The largest difference between men and women was between those aged 18–24 years (14.1% of women and 7.9% of men).

Certain mental and behavioural conditions were more prevalent among particular age groups. Problems of psychological development (2.7%) and emotional and behavioural problems with usual onset in childhood/adolescence (2.8%), were most prevalent among those aged 0–17 years. Organic mental health problems (including etiology in cerebral disease, brain injury or other insult leading to cerebral dysfunction and dementia) were most prevalent among those aged 75 years and over (1.2%).

## SUMMARY OF FINDINGS *continued*

Sex and age: people with long-term mental and behavioural problems *continued*



(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

Sex and age by level of psychological distress

The Kessler Psychological Distress Scale-10 (K10) is a measure of non-specific psychological distress. A very high level of psychological distress, as shown by the K10, may indicate a need for professional help. In the 2001 NHS, the K10 questions were asked of adults aged 18 years and over.

In 2001, 3.6% of the adult population reported a very high level of psychological distress as measured by the K10. Proportionally more women than men reported a high (10.9% of women and 7.2% of men) and a very high (4.4% of women and 2.7% of men) level of psychological distress.

### LEVEL OF PSYCHOLOGICAL DISTRESS (a)—Persons aged 18 years and over

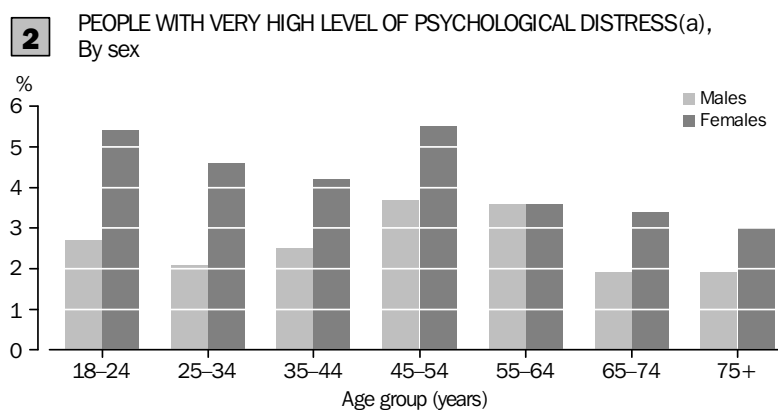
	Low (10-15)		Moderate (16-21)		High (22-29)		Very high (30-50)		Total	
	'000	%	'000	%	'000	%	'000	%	'000	%
Males	4 780.1	68.8	1 479.0	21.3	498.2	7.2	189.1	2.7	6 946.4	100.0
Females	4 346.3	60.0	1 786.9	24.7	785.5	10.9	319.5	4.4	7 238.3	100.0
Persons	9 126.4	64.3	3 265.9	23.0	1 283.7	9.0	508.7	3.6	14 184.7	100.0

(a) As measured by the Kessler 10 Scale. See Glossary.

A very high level of psychological distress was most frequently recorded for persons aged 45-54 years (5.5% of women and 3.7% of men). Women recorded higher rates than men in all except the 55-64 years age group, where equal proportions of men and women reported a very high level of psychological distress (3.6%). The greatest difference between the sexes was for people aged 18-24 years, with 5.4% of women having a very high level of psychological distress compared with 2.7% of men in the same age group.

## SUMMARY OF FINDINGS *continued*

*Sex and age by level of psychological distress  
continued*



(a) As measured by the Kessler 10 scale. See Glossary.

*Role limitations due to emotional problems*

Of those adults with mental and behavioural problems, half (50%) reported having accomplished less than desired in the four weeks prior to interview, compared with 11% of those without mental and behavioural problems. Of those adults with mental and behavioural problems, 41% reported having worked or performed other regular activities less carefully than usual, compared with 8% of those without mental and behavioural problems.

Consistent with this, a greater proportion of adults with a very high level of psychological distress (78%) reported that they accomplished less than desired in the past four weeks compared with those with low levels of psychological distress (3%). Of those with a very high level of psychological distress, 65% reported having worked or performed other regular activities less carefully than usual compared with 2% of people with low levels of psychological distress.

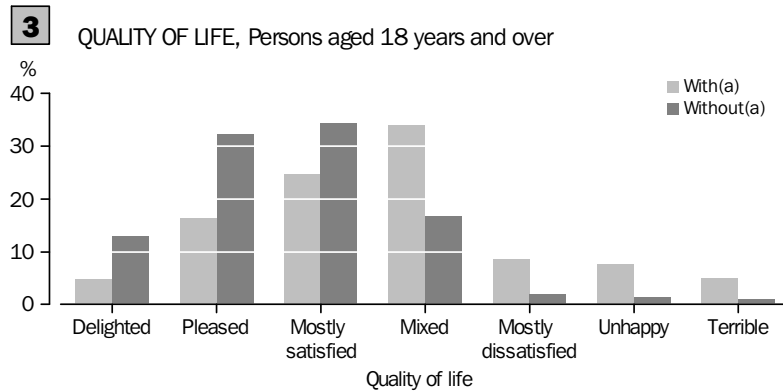
*Quality of life measure*

Adults with mental and behavioural problems were most likely to have mixed feelings (34%) or to be feeling mostly satisfied (25%) with life. Those without mental and behavioural problems were most likely to feel mostly satisfied (34%) or pleased (32%) with life. Comparing those with and without mental and behavioural problems, proportionally more people with these problems described their satisfaction with life as mixed, mostly dissatisfied, unhappy or terrible. In contrast, proportionally more people without these problems indicated that they were mostly satisfied, pleased or delighted (graph 3).

People with mental and behavioural problems were five times more likely than those without these problems to describe their satisfaction with life as terrible (4.9% compared with 0.9% without mental and behavioural problems) or unhappy (7.5% compared with 1.4%) and four and a half times more likely to indicate that they were mostly dissatisfied with life (8.5% compared with 1.9%).

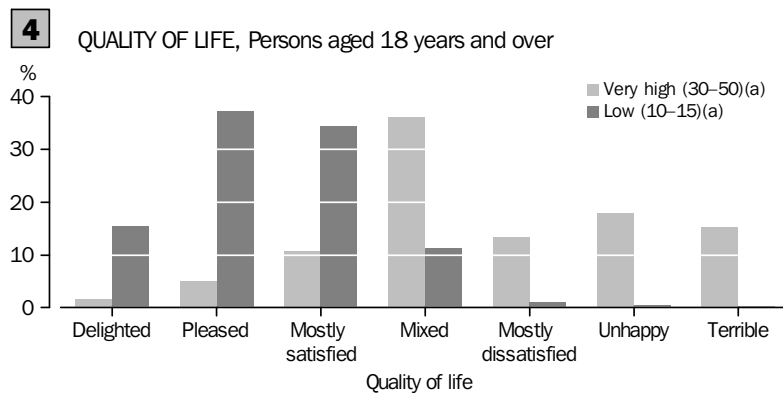
## SUMMARY OF FINDINGS *continued*

Quality of life measure  
*continued*



(a) For persons with mental and behavioural problems which have lasted or are expected to last for six months or more.

Adults who had a very high level of psychological distress were most likely to report feeling mixed (36%), unhappy (18%) and terrible (15%) about their life as a whole. Those with a low level of psychological distress were more likely to report feeling pleased (37%), mostly satisfied (34%) and delighted (15%) with life (graph 4).



(a) For persons with Very high or Low levels of psychological distress as measured by the Kessler 10 Scale. See Glossary.

### SOCIAL CONDITIONS

*Place of birth & language spoken at home*

The prevalence of mental and behavioural problems among those born in Australia (9.8%) was similar to the rate for people who were born overseas (9.0%). Adults who spoke English at home had a higher rate of mental and behavioural problems (10.6%) than did those who spoke a language other than English at home (9.6%). The opposite was the case for those with a very high level of psychological distress. Those who spoke a language other than English at home had a higher prevalence of a very high level of psychological distress (5.5%) compared with those who spoke English at home (3.2%).

*Marital status*

After age standardisation, mental and behavioural problems were most prevalent among those who were separated (14% of men and 20% of women) or divorced (13% of men and 18% of women). The rates of mental and behavioural problems for men and women who had never married were higher than for those who were married. The lowest prevalence of mental and behavioural problems was among married men and women (7% of men and 10% of women).

## SUMMARY OF FINDINGS *continued*

### *Marital status continued*

#### PREVALENCE OF MENTAL AND BEHAVIOURAL PROBLEMS(a), By marital status—Persons aged 18 years and over

	PREVALENCE RATE			AGE STANDARDISED RATE(b)		
	<i>Males</i>	<i>Females</i>	<i>Persons</i>	<i>Males</i>	<i>Females</i>	<i>Persons</i>
	%	%	%	%	%	%
Separated	13.8	20.6	17.7	13.7	19.9	17.3
Divorced	12.9	18.1	16.0	12.8	17.8	15.8
Never married	10.8	15.0	12.6	10.2	14.2	12.0
Widowed	9.5	9.4	9.4	12.4	12.8	13.0
Married	6.9	10.1	8.5	7.0	10.0	8.5
<b>Total</b>	<b>8.7</b>	<b>12.2</b>	<b>10.5</b>	<b>8.6</b>	<b>12.2</b>	<b>10.5</b>

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

(b) Indirect standardisation.

The prevalence of a very high level of psychological distress was also highest among separated and divorced men and women. Women who were never married also had a high prevalence of a very high level of psychological distress. The lowest rates of a very high level of psychological distress were among married men and women.

#### PREVALENCE OF VERY HIGH LEVEL OF PSYCHOLOGICAL DISTRESS(a), By marital status—Persons aged 18 years and over

	PREVALENCE RATE			AGE STANDARDISED RATE(b)		
	<i>Males</i>	<i>Females</i>	<i>Persons</i>	<i>Males</i>	<i>Females</i>	<i>Persons</i>
	%	%	%	%	%	%
Separated	*4.0	9.1	7.0	*4.0	9.0	6.9
Divorced	5.5	7.7	6.8	5.4	7.4	6.6
Never married	3.4	5.5	4.3	3.3	5.2	4.1
Widowed	*2.7	3.3	3.1	*3.3	4.2	4.0
Married	2.1	3.4	2.7	2.1	3.4	2.7
<b>Total</b>	<b>2.7</b>	<b>4.4</b>	<b>3.6</b>	<b>2.7</b>	<b>4.4</b>	<b>3.6</b>

\* estimate is subject to sampling variability too high for most practical purposes

(a) As measured by the Kessler 10 Scale. See Glossary.

(b) Indirect standardisation.

### *Living arrangements*

Two of the possible ways of examining living arrangements are by the number of people living in a household and the relationship of people living in a household.

First, considering the number of people living in a household, after adjusting for age the rates of mental and behavioural problems and a very high level of psychological distress were highest among adults who lived alone compared with those living in a household with at least one other person. For those people living alone, the rate of mental and behavioural problems was 13.3% compared with 9.8% for people living in a household with three or more people. This difference was greater for men, 13.0% of men living alone had a mental and behavioural problem compared with 8.0% of men who lived in a household with three or more people. Overall the prevalence rates for mental and



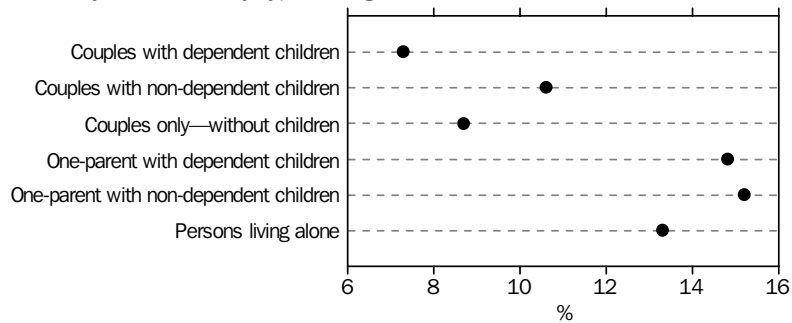
## SUMMARY OF FINDINGS *continued*

### *Living arrangements continued*

behavioural problems declined as the number of people living in the household increased. Similarly the rate of very high level of psychological distress was highest among people living alone (4.8%) compared with people living in a household with three or more people (3.4%).

Second, considering the relationship of people living in a household, mental and behavioural problems were most prevalent among those people in one-parent families. The rates were high regardless of whether they were in one-parent families with dependent children (14.8%) or non-dependent children (15.2%). Those people who were living alone (13.3%) had a higher prevalence of mental and behavioural problems than those people in couples only families without children or in couple families with children. Couple families with dependent children (7.3%) and couple families without children (8.7%) had the lowest rate of prevalence of mental and behavioural problems.

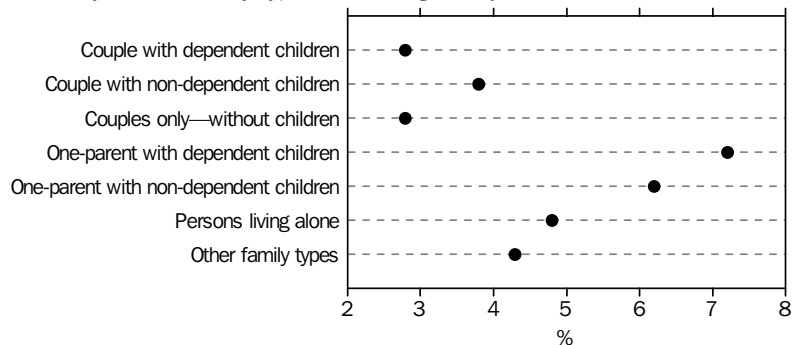
**5** PREVALENCE OF MENTAL AND BEHAVIOURAL PROBLEMS(a),  
By selected Family Type—All ages



(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

Consistent with this, the prevalence of a very high level of psychological distress was highest for adults in one-parent families with dependent children (7.2%) and non-dependent children (6.2%). The lowest prevalence rates were among couple families with dependent children (2.8%) and couples without children (2.8%). Adults living in couple only families or in couple families with dependent children had a lower rate (2.8%) of a very high level of psychological distress compared with persons living alone (4.8%).

**6** VERY HIGH LEVEL OF PSYCHOLOGICAL DISTRESS(a),  
By selected Family Type—Persons aged 18 years and over



(a) As measured by the Kessler 10 Scale. See Glossary.

## SUMMARY OF FINDINGS *continued*

### *Highest level of education*

The prevalence of mental and behavioural problems was higher among people without any post-school qualifications (11.2%) than among those with these qualifications (9.3%). This difference was more pronounced for men, 10.0% of those males without post school qualifications had a mental and behavioural problem compared with 7.4% of those with post-school qualifications. A similar trend can be seen with a very high level of psychological distress. Those people who did not have post school qualifications had a higher rate of a very high level of psychological distress (4.7%) compared with those with post-school qualifications (2.4%).

### MENTAL AND BEHAVIOURAL PROBLEMS, AND VERY HIGH LEVEL OF PSYCHOLOGICAL DISTRESS(a)(b), By post-school qualification(c)

<i>Whether have post school qualification</i>	<i>With mental and behavioural problems(a)</i> .....		<i>With a very high level of psychological distress (30-50)(b)</i> .....	
	'000	%	'000	%
Post-school qualification	652.0	9.3	171.3	2.4
No post-school qualification	760.0	11.2	316.2	4.7
Level not stated	71.6	19.3	21.1	5.7
<b>Total</b>	<b>1 483.6</b>	<b>10.5</b>	<b>508.7</b>	<b>3.6</b>

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

(b) As measured by the Kessler 10 Scale. See Glossary.

(c) For persons aged 18 years and over.

### *Labour force status*

Labour force status information was collected for persons aged 15 years and over. Respondents were classified as either employed, unemployed, or not in the labour force. After age standardisation, the rates of mental and behavioural problems were highest for males and females who were unemployed (11.3% of males and 19.5% of females) and those who were not in the labour force (15.6% of males and 14.0% of females).

### MENTAL AND BEHAVIOURAL PROBLEMS(a), By labour force status—Persons aged 15 years and over

	<u>PREVALENCE RATE</u> .....			<u>AGE STANDARDISED RATE(b)</u> .....		
	<i>Males</i>	<i>Females</i>	<i>Persons</i>	<i>Males</i>	<i>Females</i>	<i>Persons</i>
	%	%	%	%	%	%
Employed	7.0	11.0	8.8	6.6	10.6	8.4
Unemployed	11.8	18.4	14.5	11.3	19.5	14.7
Not in the labour force	12.8	12.6	12.7	15.6	14.0	14.5
<b>Total</b>	<b>8.7</b>	<b>12.0</b>	<b>10.4</b>	<b>8.6</b>	<b>12.2</b>	<b>10.5</b>

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

(b) Indirect standardisation.

## SUMMARY OF FINDINGS *continued*

### *Labour force status continued*

Similarly, after age standardisation, rates for very high level of psychological distress were highest among adults who were unemployed (9.8%) and those not in the labour force (6.4%). For people who were unemployed, the prevalence of a very high level of psychological distress was more than two times the average (3.6%). In contrast, the rate for employed people (1.9%) was substantially lower than the average rate.

### VERY HIGH LEVEL OF PSYCHOLOGICAL DISTRESS(a), By labour force status—Persons aged 18 years and over

	PREVALENCE RATE			AGE STANDARDISED RATE(b)		
	Males	Females	Persons	Males	Females	Persons
	%	%	%	%	%	%
Employed	1.2	3.1	2.1	1.2	2.9	1.9
Unemployed	7.6	14.2	10.3	7.1	13.6	9.8
Not in labour force	6.2	5.4	5.7	7.1	6.0	6.4
<b>Total</b>	<b>2.7</b>	<b>4.4</b>	<b>3.6</b>	<b>2.7</b>	<b>4.4</b>	<b>3.6</b>

(a) As measured by the Kessler 10 Scale. See Glossary.

(b) Indirect standardisation.

### *Relative socioeconomic disadvantage*

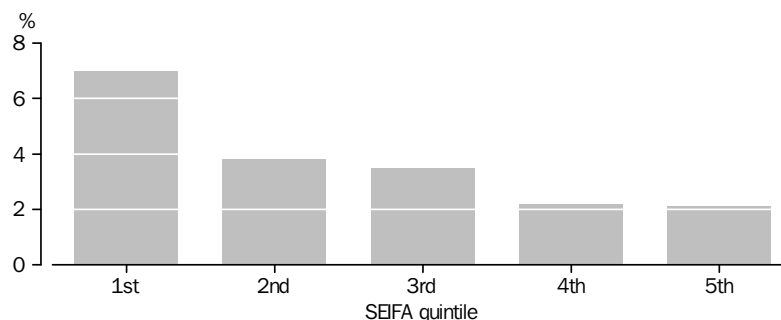
The Socio-Economic Index for Area (SEIFA) compiled by the ABS includes attributes such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations. The index refers to the area (the census collectors district) in which a person lives, it does not describe the socioeconomic situation of the particular individual.

Those people from the most disadvantaged socioeconomic areas (those in the lowest SEIFA quintile) were more likely to have a higher prevalence of mental and behavioural problems (12.3%) compared with 8.1% of people from the least disadvantaged socioeconomic areas (those in the highest SEIFA quintile). Both men and women living in the most disadvantaged areas had higher rates of mental and behavioural problems. Consistent with this, adults living in the most socioeconomically disadvantaged areas had a greater proportion of people with a very high level of psychological distress (7.0%) compared with those living in the least socioeconomically disadvantaged areas (2.1%). In 2001, for people living in the most socioeconomically disadvantaged areas, 6.5% of males and 7.5% of females had a very high level of psychological distress compared with 0.9% of males and 3.3% of females living in the least socioeconomically disadvantaged areas.

## SUMMARY OF FINDINGS *continued*

*Relative socioeconomic disadvantage continued*

### **7** VERY HIGH LEVEL OF PSYCHOLOGICAL DISTRESS(a), By SEIFA(b)—Persons aged 18 years and over



(a) As measured by the Kessler 10 scale. See Glossary.

(b) Based on the Socio-Economic Index for Areas (SEIFA).

### CO-MORBIDITY: PHYSICAL CONDITIONS AND MENTAL AND BEHAVIOURAL PROBLEMS

*National health priority area conditions*

The seven national health priority area conditions are: Arthritis and musculoskeletal conditions, Asthma, Diabetes, Cancer, Cardiovascular conditions, Injuries, and Mental health conditions. Those with mental and behavioural problems had higher prevalence rates of Diseases of the musculoskeletal system and connective tissue (47.7% compared with 30.4%), Diseases of the circulatory system (21.2% compared with 16.4%), Asthma (17.0% compared with 11.0%) and Injury event in the last month (16.8% compared with 11.7%). The prevalence rates of Diabetes and Malignant neoplasms were similar for those with and without mental and behavioural problems.

### WHETHER HAVE MENTAL AND BEHAVIOURAL PROBLEMS(a), By national health priority area conditions—All ages

	<i>With mental and behavioural problems</i>	<i>Without mental and behavioural problems</i>	<i>Total</i>
	%	%	%
Asthma	17.0	11.0	11.6
Diabetes	3.6	2.9	2.9
Diseases of the circulatory system	21.2	16.4	16.8
Diseases of the musculoskeletal system and connective tissue.	47.7	30.4	32.0
Had an injury event in the last month, action taken	16.8	11.7	12.2
Malignant neoplasms	1.6	1.4	1.4

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

There were similar associations between the prevalence of a very high level of psychological distress and national health priority area conditions. Those people with Diabetes, Diseases of the circulatory system, Asthma, Malignant neoplasms, Injury event in the last month, and Mental and behavioural disorders, had significantly higher prevalence of a very high level of psychological distress than those people without these conditions. Of those people with mental and behavioural problems, 19.6% had a very high level of psychological distress compared with 1.7% of people without mental and behavioural problems.

## SUMMARY OF FINDINGS *continued*

National health priority  
area conditions *continued*

LEVEL OF PSYCHOLOGICAL DISTRESS(a), By national health priority  
area condition—Persons aged 18 years and over

	Low (10–15)	Moderate (16–21)	High (22–29)	Very high (30–50)	Total
	%	%	%	%	%
Asthma	54.1	25.8	13.7	6.4	100.0
Without asthma	65.6	22.7	8.5	3.2	100.0
Diabetes	60.5	20.6	12.4	6.4	100.0
Without diabetes	64.5	23.1	8.9	3.5	100.0
Diseases of circulatory system	63.7	21.2	10.3	4.8	100.0
Without diseases of circulatory system	64.5	23.5	8.7	3.3	100.0
Diseases of the musculoskeletal system & connective tissue	58.7	24.8	11.4	5.1	100.0
Without diseases of the musculoskeletal system & connective tissue	68.3	21.8	7.4	2.5	100.0
Had injury event, action taken	54.1	27.3	12.9	5.7	100.0
No injury event	65.5	22.5	8.6	3.3	100.0
Malignant neoplasms	59.3	19.4	15.0	6.3	100.0
Without malignant neoplasms	64.4	23.1	8.9	3.5	100.0
Mental and behavioural problems	20.8	29.5	30.1	19.6	100.0
Without mental and behavioural problems	69.4	22.3	6.6	1.7	100.0

(a) As measured by the Kessler 10 Scale. See Glossary.

When looking at the type of mental and behavioural problems by level of psychological distress, it is apparent that people with mental and behavioural problems, regardless of the type, had a significantly higher prevalence of high and a very high level of psychological distress than those people without mental and behavioural problems. Other research has also indicated that there is a strong association between high score on the K10 and anxiety and affective disorders and a lesser but significant association between the K10 and other mental disorders categories (Andrews & Slade 2001).

## SUMMARY OF FINDINGS *continued*

MENTAL AND BEHAVIOURAL PROBLEMS (a), By level of psychological distress (b)—Persons aged 18 years and over

	Low (10–15)	Moderate (16–21)	High (22–29)	Very high (30–50)	Total
	%	%	%	%	%
Organic mental problems	*44.8	*23.7	**13.3	*18.3	100.0
Without organic mental problems	64.4	23.0	9.0	3.6	100.0
Alcohol and drug problems	26.4	23.5	24.6	25.5	100.0
Without alcohol and drug problems	64.7	23.0	8.9	3.4	100.0
Mood (affective) problems	11.6	27.7	35.6	25.0	100.0
Without mood (affective) problems	67.5	22.7	7.5	2.3	100.0
Anxiety related problems	16.9	28.5	31.5	23.1	100.0
Without anxiety related problems	67.0	22.7	7.8	2.5	100.0
Problems of psychological development	31.4	*14.2	24.8	29.6	100.0
Without problems of psychological development	64.6	23.1	8.9	3.4	100.0
Behavioural and emotional problems with usual onset in childhood/adolescence	*40.3	**15.6	*36.1	**8.0	*100.0
Without behavioural and emotional problems with usual onset in childhood/adolescence	64.4	23.0	9.0	3.6	100.0
Other mental and behavioural problems	38.6	33.1	*16.5	*11.9	100.0
Without other mental and behavioural problems	64.5	23.0	9.0	3.5	100.0
Symptoms and signs involving cognition, perceptions, emotional state and behaviour	15.1	22.3	19.6	43.1	100.0
Without symptoms and signs involving cognition, perceptions, emotional state and behaviour	64.9	23.0	8.9	3.2	100.0
<b>Total Population</b>	<b>64.3</b>	<b>23.0</b>	<b>9.0</b>	<b>3.6</b>	<b>100.0</b>

\* estimate is subject to sampling variability too high for most practical purposes

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

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

(b) As measured by the Kessler 10 Scale. See Glossary.

### *Selected physical conditions*

In addition to the national health priority area conditions, many other long-term health conditions were more prevalent among those who have mental and behavioural problems than among those who do not. The most highly prevalent of these other conditions among those with mental and behavioural disorders were: bronchitis/emphysema, diseases of the female pelvic organs and genital tract, epilepsy, fluid retention, incontinence, migraine and stomach/duodenal/gastrointestinal ulcer. Those people with these physical conditions also had a significantly higher prevalence of a very high level of psychological distress.

## SUMMARY OF FINDINGS *continued*

*Selected physical conditions continued*

WHETHER HAVE MENTAL AND BEHAVIOURAL PROBLEMS (a), By prevalence of selected physical conditions—All ages

	<i>With mental and behavioural problems</i>	<i>Without mental and behavioural problems</i>	<i>Total</i>
	%	%	%
Bronchitis/emphysema	7.2	3.1	3.5
Diseases of the female pelvic organs & genital tract	1.2	0.4	0.5
Epilepsy	1.5	0.5	0.6
Fluid retention (non-circulatory)	3.2	1.1	1.3
Incontinence: urine	2.6	0.8	1.0
Migraine	12.9	5.5	6.2
Stomach/duodenal/gastrointestinal ulcer	5.6	2.4	2.7

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

Those people with physical conditions generally had a higher prevalence of a very high level of psychological distress. In addition to the physical conditions mentioned above, people with the following conditions also had high rates of a very high level of psychological distress: oedema (9.9%), benign neoplasms and neoplasms of uncertain nature (9.7%), rheumatoid arthritis (8.7%) and anaemia (8.7%).

SELECTED PHYSICAL CONDITIONS, By level of psychological distress(a)—Persons aged 18 years and over

	<i>Low (10–15)</i>	<i>Moderate (16–21)</i>	<i>High (22–29)</i>	<i>Very high (30–50)</i>
	%	%	%	%
Bronchitis/emphysema	47.5	27.8	15.5	9.2
Without bronchitis/emphysema	65.0	22.8	8.8	3.4
Diseases of the female pelvic organs & genital tract	43.1	34.8	15.3	6.8
Without diseases of the female pelvic organs & genital tract	64.5	22.9	9.0	3.6
Epilepsy	55.9	24.2	11.7	8.2
Without epilepsy	64.4	23.0	9.0	3.6
Fluid retention (non-circulatory)	44.7	28.8	19.1	7.4
Without fluid retention (non-circulatory)	64.7	22.9	8.9	3.5
Incontinence: urine	51.6	23.6	13.8	11.1
Without incontinence: urine	64.5	23.0	9.0	3.5
Migraine	46.8	30.2	15.6	7.4
Without migraine	65.8	22.4	8.5	3.3
Stomach/duodenal/gastrointestinal ulcer	52.1	24.3	15.2	8.4
Without stomach/duodenal/gastrointestinal ulcer	64.8	23.0	8.8	3.4
<b>Total population</b>	<b>64.3</b>	<b>23.0</b>	<b>9.0</b>	<b>3.6</b>

(a) As measured by the Kessler 10 Scale. See Glossary.

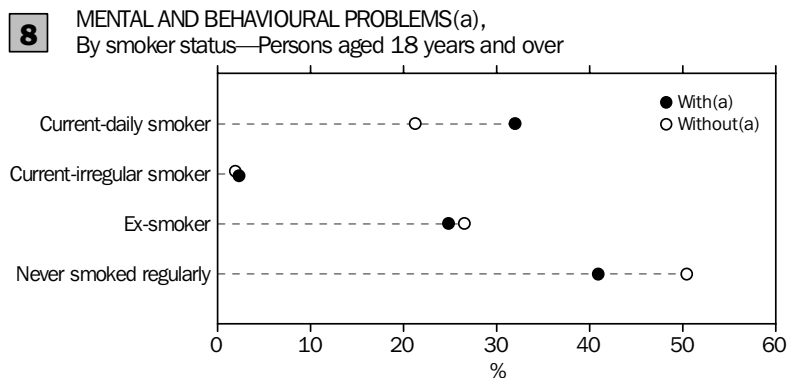
## SUMMARY OF FINDINGS *continued*

### HEALTH MODIFIABLE RISK FACTORS

Modifiable risk factors affect the onset, maintenance and prognosis of a variety of chronic diseases and their complications. Public health policy focuses risk factors which are avoidable or modifiable, and for which there is a potential health gain through early prevention or appropriate management. Certain modifiable risk factors have an association with mental and behavioural problems and other chronic conditions (AIHW 2001). This section covers information on four common behavioural risk factors: tobacco smoking, alcohol consumption, physical inactivity and body mass. People with mental and behavioural problems and those with a very high level of psychological distress have higher levels of some of the risk factors covered in this section and therefore may be at greater risk of other chronic diseases.

#### *Tobacco smoking*

Of those people with mental and behavioural problems, 32% reported being current daily smokers compared with 21.3% of those without mental and behavioural problems. Similarly, a smaller proportion of people with mental and behavioural problems reported that they had never smoked regularly (40.9%) compared with those without such problems (50.4%). The proportions of irregular smokers (who smoke less than once a day) and ex-smokers were similar for those with and without mental and behavioural problems.



(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

Similarly, those people with a very high level of psychological distress were more likely to be current daily smokers (38%) than were those with a low level of psychological distress (19%). Those people with a low level of psychological distress were more likely than those with a very high level of psychological distress to be ex-smokers (27% compared with 22%) or never smoked regularly (52% compared with 38%).

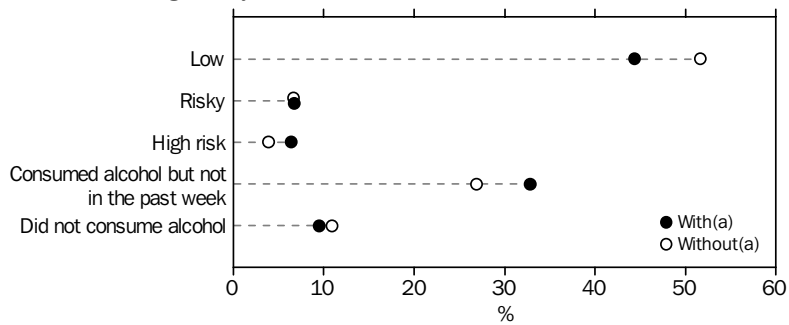


**SUMMARY OF FINDINGS** *continued*

*Alcohol consumption*

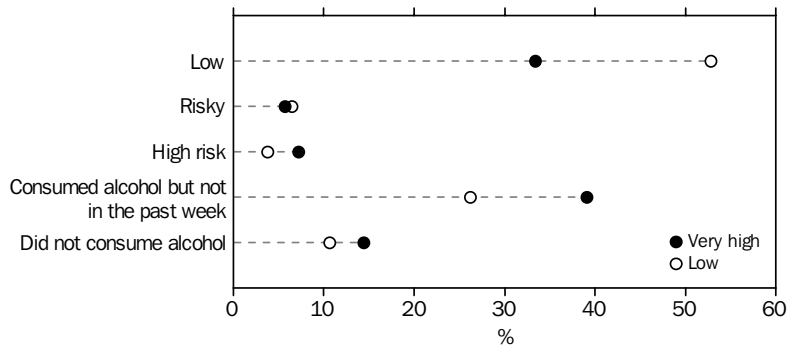
Persons were classified to a health risk level (low risk, risky or high risk) based on their estimated average daily consumption of alcohol during the previous week. Those with mental and behavioural problems were more likely than those without such problems to be high risk drinkers (6.4% compared with 3.9%). Conversely, those without mental and behavioural problems were more likely to be low risk drinkers (51.6% compared with 44.4%). Of those with mental and behavioural problems, men were more likely than women to be high risk drinkers (9.3% of men compared with 4.4% of women). Those people with a very high level of psychological distress were also more likely than those with a low level of psychological distress to be high risk drinkers (7.3% compared with 3.8%).

**9** MENTAL AND BEHAVIOURAL PROBLEMS(a), By alcohol risk—  
Persons aged 18 years and over



(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

**10** LEVEL OF PSYCHOLOGICAL DISTRESS(a), By alcohol risk—  
Persons aged 18 years and over



(a) As measured by the Kessler 10 Scale. See Glossary.

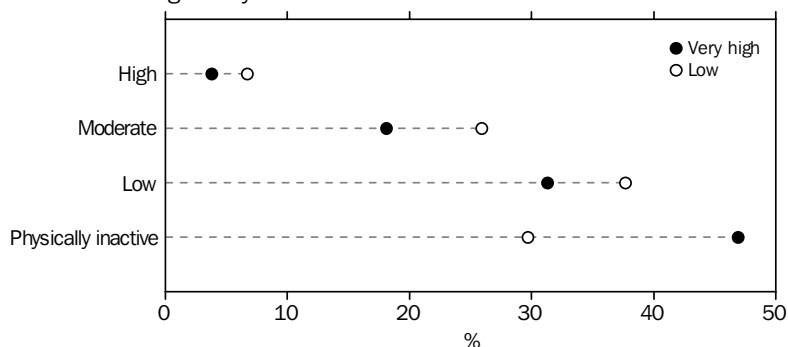
*Physical inactivity*

In 2001, the level of exercise undertaken by those with and without mental and behavioural problems was similar. On the other hand, those people with a very high level of psychological distress were more likely than those with a low level of psychological distress to report being physically inactive (47% compared with 30%). Those with a low or moderate level of psychological distress were more likely to have reported exercising at some level (low, moderate and high levels) compared with those with a very high level of psychological distress.

## SUMMARY OF FINDINGS *continued*

### Physical inactivity *continued*

**11** LEVEL OF PSYCHOLOGICAL DISTRESS(a), By exercise level—  
Persons aged 18 years and over



(a) As measured by the Kessler 10 Scale. See Glossary.

### Body mass

Being overweight is a risk factor for many conditions such as heart disease, hypertension and diabetes, particularly when linked with other lifestyle factors such as lack of exercise. In the 2001 NHS, for people aged 15 years and over, self reported information on height and weight was collected and used to calculate their body mass index (see Explanatory Notes). This index was used to determine whether the person was in the normal range or the overweight range. For those people with mental and behavioural problems, 16% were in the overweight range (grade 2) compared with 13% of people without mental and behavioural problems. Those with and without mental and behavioural problems had a similar proportion of people in all the other body mass index (BMI) ranges. Of those people with a very high level of psychological distress, 2.6% were in the overweight range (grade 3) compared with 0.9% of people with a low level of psychological distress.

### Combination of risk factors

Modifiable risk factors do not act independently. They tend to coexist and interact in their effects. Individual risk factors can be the contributory cause, rather than the sole cause, in a disease. All diseases including mental and behavioural problems are to some extent multi-factorial in their causes (AIHW 2001). Those people who have one risk factor are also likely to have other risk factors.

Those with mental and behavioural problems were more likely than those without such problems to have selected combinations of risk factors. Consistent with this, people with a very high level of psychological distress (compared with those with moderate or low level of psychological distress) tended to have a greater number of these risk factor combinations.

## SUMMARY OF FINDINGS *continued*

PERSONS AGED 18 YEARS AND OVER, Whether have mental and behavioural problems(a)—By risk factor combinations(b)

<i>Risk status</i>	<i>With</i>	<i>Without</i>	<i>Total</i>
	<i>mental and behavioural problems</i>	<i>mental and behavioural problems</i>	
	<i>%</i>	<i>%</i>	<i>%</i>
Current smoker only	3.3	1.9	2.1
Risky/high risk alcohol consumption only	3.1	4.1	4.0
Sedentary/low exercise level only	17.9	21.6	21.2
Overweight/obese only	6.7	7.7	7.6
Current smoker & risky/high risk alcohol consumption	2.7	2.0	2.1
Current smoker & sedentary/low exercise level	8.6	5.8	6.1
Current smoker & overweight/obese	2.2	1.2	1.3
Current smoker, risky/high risk alcohol consumption, sedentary/low exercise level & overweight and obese	4.4	2.7	2.9
Current smoker, risky/high risk alcohol consumption & overweight/obese	1.2	1.3	1.3
Current smoker, sedentary low exercise level & overweight and obese	6.0	4.5	4.7
Current smoker, risky/high alcohol consumption, sedentary/low exercise level	5.9	3.6	3.9
Risky/high risk alcohol consumption & sedentary/low exercise level & overweight/obese	5.6	5.6	5.6
Risky/high risk alcohol consumption & sedentary/low exercise level	4.8	5.2	5.2
Risky/high alcohol consumption & overweight and obese	1.6	3.2	3.0
Sedentary/low exercise level & overweight/obese	18.6	19.9	19.8
None of the above(c)	7.2	9.5	9.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

- (a) Mental and behavioural problems which have lasted or are expected to last for six months or more.      sedentary/low exercise level and overweight/obese (using National Health Medical Research Council BMI range).
- (b) Combinations of the following risk factors: current smoker, risky/high risk alcohol consumption,      (c) Persons with none of the risk factors covered in this table.

## SUMMARY OF FINDINGS *continued*

### PERSONS AGED 18 YEARS AND OVER, Level of psychological distress(a)—By risk factor combinations(b)

<i>Risk status</i>	<i>Low (10–15)</i>	<i>Moderate (16–21)</i>	<i>High (22–29)</i>	<i>Very high (30–50)</i>	<i>Total</i>
<i>Risk status</i>	%	%	%	%	%
Current smoker only	1.9	1.8	2.7	4.7	2.1
Risky/high risk alcohol consumption only	4.2	4.0	3.3	*1.5	4.0
Sedentary/low exercise level only	21.7	19.8	22.0	21.0	21.2
Overweight/obese only	8.5	6.1	5.7	5.4	7.6
Current smoker & risky/high risk alcohol consumption	1.7	3.0	2.4	*2.1	2.1
Current smoker & sedentary/low exercise level	5.1	7.1	9.3	11.2	6.1
Current smoker & overweight/obese	1.1	1.5	2.2	*2.6	1.3
Current smoker, risky/high risk alcohol consumption sedentary/low exercise level & overweight and obese	2.4	3.7	3.6	4.5	2.9
Current smoker, risky/high risk alcohol consumption overweight and obese	1.3	1.4	*1.1	*1.0	1.3
Current smoker, sedentary/low exercise level & overweight and obese	4.2	5.0	6.4	7.7	4.7
Current smoker, risky/high risk alcohol consumption, sedentary/low exercise level	3.2	4.5	6.0	6.1	3.9
Risky/high alcohol consumption, sedentary/low level & overweight and obese	5.7	5.8	5.2	4.5	5.6
Risky/high alcohol consumption & sedentary/low exercise level	4.9	6.4	4.0	5.2	5.2
Risky/high alcohol consumption & overweight/obese	3.4	2.6	2.0	**0.5	3.0
Sedentary/low exercise level & overweight/obese	20.3	18.8	18.9	17.9	19.8
None of the above(c)	10.4	8.5	5.3	4.1	9.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

\* estimate is subject to sampling variability too high for most practical purposes

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

(a) As measured by the Kessler 10 Scale. See Glossary.

(b) Combinations of the following risk factors: current smoker, risky/high risk alcohol consumption, sedentary/low exercise level and overweight/obese.

(c) Persons with none of the risk factors covered in this table.

#### HEALTH-RELATED ACTIONS

Health-related actions may include visiting doctors, other health professionals, hospital visits, taking medications or having days away from usual activities and other days of reduced activities. With the exception of the use of medication for mental health and wellbeing, the health actions reported in the 2001 NHS were not necessarily taken in relation to mental health. They could be taken for a number of reasons including mental and physical conditions as well as for usual medical check ups. Information about health-related actions was collected for the two weeks prior to interview.

#### *General actions taken*

Of those people with mental and behavioural problems, 63% took at least one health-related action in the two weeks prior to interview. In comparison, 41% of those without mental and behavioural problems took at least one health related action. Those with mental and behavioural problems showed higher rates of hospital visits (8% with and 5% without mental and behavioural problems), doctor consultations (39% with and 23% without), other health professional consultations (29% with and 17% without), days away from work or study (15% with and 8% without) and days of reduced activity (22% with and 10% without).

## SUMMARY OF FINDINGS *continued*

General actions taken  
*continued*

ACTIONS TAKEN FOR HEALTH (a), By whether have mental and behavioural problems (b)—All ages

	With mental and behavioural problems		Without mental and behavioural problems	
	'000	%	'000	%
Hospital visit(c)	150.5	8.3	806.6	4.7
Consulted doctor(d)	699.4	38.6	3 931.8	23.0
Consulted other health professional(e)	529.5	29.2	2 929.3	17.1
Had days away from work or study	267.0	14.7	1 301.6	7.6
Had other days of reduced activity	403.7	22.3	1 646.8	9.6
<b>Total people who did not take above action</b>	<b>674.8</b>	<b>37.2</b>	<b>10 182.3</b>	<b>59.5</b>
<b>Total people taking a health action(f)</b>	<b>1 137.8</b>	<b>62.8</b>	<b>6 921.4</b>	<b>40.5</b>
<b>Total</b>	<b>1 812.6</b>	<b>100.0</b>	<b>17 103.7</b>	<b>100.0</b>

- (a) Action taken in the two weeks prior to interview.
- (b) Mental and behavioural problems which have lasted or are expected to last for six months or more.
- (c) Hospital visit includes in-patient episode, casualty/emergency, outpatient and day clinic.
- (d) Includes general practitioners and specialists.
- (e) Other health professionals. See Glossary.
- (f) Persons may have reported more than one type of action and therefore components may not add to totals.

For people with mental and behavioural problems, the most common types of action were doctor consultations (39%) followed by consultations with other health professionals (29%). Women with mental and behavioural problems reported taking more health related actions than men with mental and behavioural problems (66% of women and 58% of men).

Similarly, people with a very high level of psychological distress (74%) took a greater proportion of health related actions than those with a low level of psychological distress (39%). The most common types of health actions taken by people with a very high level of distress included doctor consultations (53%), other health professional consultations (37%) and other days of reduced activity (34%).

People with mood (affective) problems, anxiety related problems, and symptoms and signs involving cognition and perceptions reported taking a higher proportion of health-related actions than people with other types of mental and behavioural problems. Those with mood (affective) problems and symptoms and signs involving cognition and perceptions, were more likely to report consulting doctors and other health professionals and reported a higher proportion of other days of reduced activities than those with other types of mental and behavioural problems. People who reported having organic mental problems were more likely to have been to the hospital in the last two weeks than those with any other type of mental and behavioural problems. Those people who reported having behavioural and emotional disorders reported a higher proportion of days away from work (20%) than those with any other mental and behavioural problems.

## SUMMARY OF FINDINGS *continued*

*Number of visits to selected health professionals & admissions to hospitals*

People with mental and behavioural problems reported consulting general practitioners, other health professionals and admissions to hospitals (three or more times in the last two weeks) at nearly two times the rate of those people without such problems. Similarly those people with a very high level of psychological distress, reported consulting general practitioners (three or more times in the last two weeks) at nine times the rate of those people with a low level of psychological distress. People with a very high level of psychological distress also reported consulting other health professionals and being admitted to hospital (three or more times in the last two weeks) at five to six times the rate of those people with a low level of psychological distress.

### NUMBER OF CONSULTATIONS WITH SELECTED HEALTH PROFESSIONALS AND ADMISSIONS TO HOSPITALS (a), By whether have mental and behavioural problems(b)—All ages

<i>Number of visits/admissions</i>	<i>With mental and behavioural problems</i>	<i>Without mental and behavioural problems</i>	<i>Total</i>
	%	%	%
<b>General practitioner</b>			
None	66.7	79.5	78.2
One	25.0	16.8	17.6
Two	6.6	3.0	3.4
Three or more	1.7	0.7	0.8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Other health professional(c)</b>			
None	75.6	88.1	86.9
One	16.7	9.1	9.8
Two	5.9	1.9	2.3
Three or more	1.8	0.9	1.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Hospital</b>			
None	81.9	88.5	87.8
One	11.9	9.0	9.2
Two	4.2	1.7	2.0
Three or more	2.0	0.8	1.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

- (a) In the two weeks prior to interview.
- (b) Mental and behavioural problems which have lasted or are expected to last for six months or more.
- (c) Other health professionals. See Glossary.

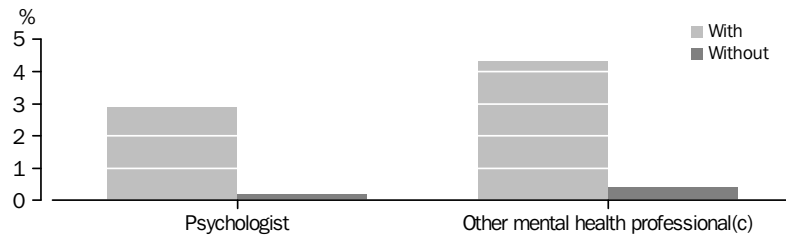
*Consultations with mental health professionals*

In addition to a higher number of doctor consultations, those people with mental and behavioural problems were more likely to have seen a psychologist (2.9% with and 0.2% without mental and behavioural problems) and other mental health professional (4.3% with and 0.4% without) than were people without such problems. An estimated 46% of people with mental and behavioural problems did not have any contact with health professionals within the two weeks prior to interview compared with 65% of those without these problems.

## SUMMARY OF FINDINGS *continued*

Consultations with mental health professionals  
*continued*

**12** CONSULTATIONS WITH MENTAL HEALTH PROFESSIONALS(a),  
By mental and behavioural problems(b)—All ages



(a) In the two weeks prior to interview.

(b) Mental and behavioural problems which have lasted or are expected to last for six months or more.

(c) Other mental health professional. See Glossary.

Those with a very high level of psychological distress not only had a greater proportion of doctor consultations than those with a low level of psychological distress, they also had a greater proportion of consultations with psychologists (4.6% with a very high level of psychological distress and 0.2% with a low level of psychological distress) and other mental health professionals (7.0% very high and 0.2% low). Of those with a prevalence of a very high level of psychological distress, 33% did not consult a health professional compared with 66% of people with a low level of psychological distress.

Type of health professional contact was related to the type of mental and behavioural problem. Those people who reported having behavioural and emotional problems with usual onset in childhood/adolescence, were more likely to report seeing a psychologist (6.5%) than were those with other mental and behavioural problems. Of all the people with mental and behavioural problems, those people with mood (affective) and anxiety related problems had a higher proportion of contact with other health professionals in the two weeks prior to interview.

## SUMMARY OF FINDINGS *continued*

### CONSULTATIONS WITH HEALTH PROFESSIONALS(a), By types of mental and behavioural problems(b)—All ages

<i>Type of mental and behavioural problem</i>	<i>Hospital- isations</i>	<i>Doctors</i>	<i>Psych- ologists</i>	<i>Other mental health profes- sionals(c)</i>	<i>Other health profes- sionals(d)</i>	<i>No health profes- sional contact</i>	<i>Total</i>
	'000	'000	'000	'000	'000	'000	'000
Organic mental problems	*15.2	*40.1	—	**2.6	*20.5	*48.7	100.0
Alcohol and drug problems	*9.6	41.0	*4.4	*7.9	24.4	46.0	100.0
Mood (affective) problems	10.0	43.0	3.9	5.3	26.7	40.7	100.0
Anxiety related problems	7.8	40.4	3.6	4.1	26.2	44.8	100.0
Problems of psychological development	*6.4	32.4	*2.3	*2.5	23.0	53.4	100.0
Behavioural and emotional problems with usual onset in childhood/adolescence	*6.6	35.8	*6.5	*7.3	19.3	48.1	100.0
Other mental and behavioural problems	*8.1	36.0	**1.4	*4.4	23.4	49.7	100.0
Symptoms and signs involving cognition, perceptions, emotional state and behaviour	13.6	48.3	*4.6	12.2	23.9	41.2	100.0
<b>Total</b>	<b>8.3</b>	<b>38.6</b>	<b>2.9</b>	<b>4.3</b>	<b>24.6</b>	<b>46.3</b>	<b>100.0</b>

- \* estimate has a relative standard error of between 25% and 50% and should be used with caution
- nil or rounded to zero (including null cells)
- \*\* estimate has a relative standard error greater than 50% and is considered too unreliable for general use

- (a) Health professional contact in the two weeks prior to interview.
- (b) Mental and behavioural problems which have lasted or are expected to last for six months or more.
- (c) Other mental health professionals. See Glossary.
- (d) Other health professionals. See Glossary.

#### *Medications taken for mental wellbeing*

Medications for mental wellbeing can be used to manage some types of mental health conditions. Most experts recommend an approach that combines supportive psychotherapy, patient and family education, and medications. For some mental and behavioural problems, therapy or medication alone is enough to treat the condition (National Action Plan for Depression).

In 2001, an estimated 2.6 million people, representing 18% of the population had recently used one or more medications (including vitamins and natural remedies) for their mental wellbeing. A higher proportion of those with mental and behavioural problems (51%) than those without (14%) took some form of medication for their mental wellbeing. A higher proportion of people with mental and behavioural problems reported taking antidepressants (24.9% compared with 2.3% without mental and behavioural problems), tablets or capsules for anxiety and nerves (8.7% with and 1.1% without) and sleeping tablets or capsules (10.0% with and 3.4% without) than those without such problems. For people with mental and behavioural problems, the most common types of medication taken were antidepressants (reported by 25%) and vitamin or mineral supplements (reported by 18%). The highest use of medication was recorded for people who reported having symptoms or signs involving cognition and perceptions, organic mental problems, mood (affective) problems and people with alcohol and drug problems.



## SUMMARY OF FINDINGS *continued*

*Medications taken for mental wellbeing continued*

MEDICATION USE FOR MENTAL WELLBEING(a), By whether have mental and behavioural problems(b)—Persons aged 18 years and over

	<i>With mental and behavioural problems</i>	<i>Without mental and behavioural problems</i>	<i>Total</i>
	%	%	%
Sleeping tablets or capsules	10.0	3.4	4.1
Tablets or capsules for anxiety or nerves	8.7	1.1	1.9
Tranquillisers	3.3	0.4	0.7
Antidepressants	24.9	2.3	4.7
Mood stabilisers	2.6	0.3	0.6
Other medications for mental health	2.3	0.1	0.4
<i>Total(c)</i>	36.3	6.4	9.6
Vitamins or mineral supplements	17.5	6.7	7.8
Herbal or natural medications	13.7	4.5	5.4
<i>Total(d)</i>	50.5	14.3	18.1
Did not use medications	49.5	85.7	81.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

- (a) Used medications for mental wellbeing in the two weeks prior to interview. Type of medication is as reported by respondents.
- (b) Mental and behavioural problems which have lasted or are expected to last for six months or more.
- (c) All medications other than those identified by respondents as vitamin or mineral supplements, herbal or natural medications.
- (d) Persons may have reported more than one type of medication and therefore components may not add to totals.

More than half the people with a very high level of psychological distress (54%) took some type of medication for their mental health and wellbeing compared with only 12% of people with low level of distress. People with a very high level of psychological distress reported taking a greater proportion of all types of medications for mental health and wellbeing than did people with low levels of psychological distress. For example, they reported taking a greater proportion of antidepressants (29% of people with a very high level of psychological distress compared with 2% of people with a low level of psychological distress), sleeping tablets or capsules (17% very high compared with 2% low) and tablets for anxiety or nerves (14% very high and 1% low).

## SUMMARY OF FINDINGS *continued*

Medications taken for  
mental wellbeing *continued*

MEDICATION USE FOR MENTAL WELLBEING(a), By level of  
psychological distress(b)—Persons and 18 years and over

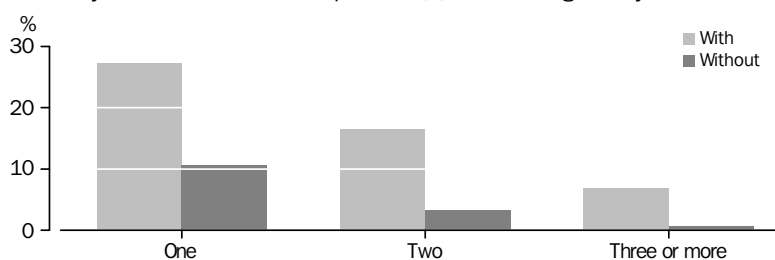
	Low (10–15)	Moderate (16–21)	High (22–29)	Very high (30–50)	Total
	%	%	%	%	%
Sleeping tablets or capsules	2.4	4.8	8.9	16.9	4.1
Tablets or capsules for anxiety or nerves	0.7	2.3	5.1	13.6	1.9
Tranquillisers	0.2	0.8	1.7	5.6	0.7
Antidepressants	1.8	5.6	13.0	28.8	4.7
Mood stabilisers	0.3	0.5	1.4	4.1	0.6
Other medications for mental wellbeing	*0.1	*0.5	*0.7	*2.9	0.4
<b>Total(c)</b>	<b>5.1</b>	<b>11.7</b>	<b>23.0</b>	<b>43.1</b>	<b>9.6</b>
Vitamins or mineral supplements	5.4	10.4	15.8	15.4	7.8
Herbal or natural medications	3.6	7.8	10.5	10.5	5.4
<b>Total(d)</b>	<b>11.7</b>	<b>23.0</b>	<b>36.8</b>	<b>53.7</b>	<b>18.1</b>
Did not use medications	88.3	77.0	63.2	46.3	81.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

\* estimate is subject to sampling variability too high for most practical purposes

- (a) Used medications for mental wellbeing in the two weeks prior to interview. Type of medication is as reported by respondents.
- (b) As measured by the Kessler 10 Scale. See Glossary.
- (c) All medications other than those identified by respondents as vitamin or mineral supplements, herbal or natural medications.
- (d) Persons may have reported more than one type of medication and therefore components may not add to totals.

There was a greater proportion of people with mental and behavioural problems (6.8%) than those without (0.6%) that reported taking three or more medications for mental wellbeing. Of those with mental and behavioural problems, a greater proportion of people with organic mental problems reported taking three or more medications for their mental wellbeing (19%). Similarly, 11.3% of people with a very high level of psychological distress reported taking three or more medications for their mental wellbeing compared with 0.3% of people with a low level of psychological distress.

**13** NUMBER OF MEDICATION TYPES USED FOR MENTAL WELLBEING(a),  
By mental and behavioural problems(b)—Persons aged 18 years and over



- (a) In the two weeks prior to interview.
- (b) Mental and behavioural problems which have lasted or are expected to last for six months or more.

Most medication types except for sleeping tablets, vitamins or mineral supplements, and herbal or natural remedies were taken every day and/or night. Of the people who took medications for mental wellbeing, the majority of the medication types were taken for six months or more.

## LIST OF TABLES

page

### SUMMARY

<b>1</b>	Persons: Mental and behavioural problems, by age and sex . . . . .	28
<b>2</b>	Persons aged 18 years and over: Level of psychological distress, by age and sex . . . . .	29
<b>3</b>	Persons aged 18 years and over: Role limitations due to emotional problems, by whether have mental and behavioural problems . . . . .	30
<b>4</b>	Persons aged 18 years and over: Role limitations due to emotional problems, by level of psychological distress . . . . .	30
<b>5</b>	Persons aged 18 years and over: Quality of life, by whether have mental and behavioural problems . . . . .	31
<b>6</b>	Persons aged 18 years and over: Quality of life, by level of psychological distress . . . . .	31
<b>7</b>	Persons: Social conditions, by whether have mental and behavioural problems . . . . .	32
<b>8</b>	Persons aged 18 years and over: Social conditions, by whether have mental and behavioural problems . . . . .	33
<b>9</b>	Persons aged 15 years and over: Labour force status, by whether have mental and behavioural problems . . . . .	34
<b>10</b>	Persons aged 18 years and over: Social conditions, by level of psychological distress . . . . .	35
<b>11</b>	Persons: Co-morbidity with mental and behavioural problems . . . . .	36
<b>12</b>	Persons aged 18 years and over: Level of psychological distress, by physical conditions and mental and behavioural problems . . . . .	37
<b>13</b>	Persons aged 18 years and over: Modifiable risk factors, by whether have mental and behavioural problems . . . . .	38
<b>14</b>	Persons aged 15 years and over: Modifiable risk factors, by whether have mental and behavioural problems . . . . .	39
<b>15</b>	Persons aged 18 years and over: Modifiable risk factors, by psychological distress . . . . .	40
<b>16</b>	Persons: Health actions, by whether have mental and behavioural problems . . . . .	42
<b>17</b>	Persons aged 18 years and over: Health actions, by whether have mental and behavioural problems . . . . .	43
<b>18</b>	Persons aged 18 years and over: Health actions, by level of psychological distress . . . . .	44
<b>19</b>	Persons: Type of medical contact, by type of mental and behavioural problem . . . . .	45

# MENTAL AND BEHAVIOURAL PROBLEMS(a), By age and sex

## AGE GROUP (YEARS)

	0-17	18-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total
	'000	'000	'000	'000	'000	'000	'000	'000	'000
<b>Males</b>									
Organic mental problems	**—	**—	np	np	np	**—	np	*3.4	*8.3
Alcohol and drug problems	*3.8	*10.8	*13.3	25.7	*13.9	*8.9	np	np	78.9
Mood (affective) problems	27.1	33.4	59.8	57.3	65.1	48.3	19.1	*10.1	320.3
Anxiety related problems	47.8	33.9	53.3	57.4	55.3	44.4	17.0	*8.3	317.4
Problems of psychological development	82.1	*11.6	*13.0	16.6	*8.9	*6.0	np	np	142.6
Behavioural and emotional problems with usual onset in childhood/adolescence	96.1	*3.9	np	np	np	np	np	np	108.1
Other mental and behavioural problems	*6.2	*4.5	*9.0	17.2	*13.5	np	np	np	56.7
Symptoms and signs involving cognition, perceptions, emotional state and behaviour	**2.1	*7.4	*11.5	*14.2	20.3	*14.6	np	np	75.4
<b>Total with mental and behavioural problems</b>	<b>193.1</b>	<b>72.4</b>	<b>118.8</b>	<b>143.4</b>	<b>120.7</b>	<b>85.0</b>	<b>42.1</b>	<b>21.0</b>	<b>796.4</b>
<b>Females</b>									
Organic mental problems	**—	**—	np	np	np	—	np	*8.6	*13.3
Alcohol and drug problems	**3.0	*10.0	*13.6	*11.8	*5.6	*4.2	np	np	51.8
Mood (affective) problems	19.9	77.2	123.4	110.2	99.3	53.0	24.6	21.0	528.6
Anxiety related problems	62.5	55.8	107.5	93.0	108.7	59.1	29.0	20.3	535.9
Problems of psychological development	45.1	*12.2	*10.1	*7.2	*7.9	*5.4	np	np	92.8
Behavioural and emotional problems with usual onset in childhood/adolescence	36.1	**—	np	np	np	np	np	np	38.7
Other mental and behavioural problems	*5.3	*7.3	*3.5	**2.8	*5.1	np	np	np	28.4
Symptoms and signs involving cognition, perceptions, emotional state and behaviour	**1.1	15.7	16.9	*10.7	17.6	*6.9	np	np	78.6
<b>Total with mental and behavioural problems</b>	<b>135.9</b>	<b>123.1</b>	<b>202.0</b>	<b>170.7</b>	<b>182.4</b>	<b>101.8</b>	<b>58.9</b>	<b>41.3</b>	<b>1 016.2</b>
<b>Persons</b>									
Organic mental problems	**—	**—	np	np	np	np	*4.4	*12.0	21.6
Alcohol and drug problems	*6.7	20.8	26.9	37.5	19.5	*13.1	np	np	130.6
Mood (affective) problems	47.0	110.6	183.2	167.5	164.4	101.3	43.6	31.1	848.9
Anxiety related problems	110.2	89.7	160.9	150.4	164.0	103.5	46.0	28.6	853.3
Problems of psychological development	127.2	23.8	23.1	23.9	16.8	*11.4	*7.7	**1.4	235.4
Behavioural and emotional problems with usual onset in childhood/adolescence	132.3	*3.9	np	np	np	np	np	np	146.8
Other mental and behavioural problems	*11.6	*11.8	*12.5	20.1	18.6	*7.4	np	np	85.1
Symptoms and signs involving cognition, perceptions, emotional state and behaviour	*3.1	23.2	28.4	24.9	37.9	21.5	*11.0	*4.0	154.0
<b>Total with mental and behavioural problems</b>	<b>329.0</b>	<b>195.5</b>	<b>320.8</b>	<b>314.1</b>	<b>303.1</b>	<b>186.8</b>	<b>101.0</b>	<b>62.3</b>	<b>1 812.6</b>

— nil or rounded to zero (including null cells)

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

np not available for publication but included in totals where applicable, unless otherwise indicated

\* estimate is subject to sampling variability too high for most practical purposes

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

LEVEL OF PSYCHOLOGICAL DISTRESS(a), By age and sex

	AGE GROUP (YEARS)						75 and over	Total
	18-24	25-34	35-44	45-54	55-64	65-74		
	'000	'000	'000	'000	'000	'000	'000	'000
<b>Males</b>								
Low (10-15)	550.1	872.7	1 005.8	905.0	665.0	484.6	296.9	4 780.1
Moderate (16-21)	262.5	360.4	282.2	265.6	143.0	88.2	77.2	1 479.0
High (22-29)	74.0	116.4	112.5	79.1	61.9	35.8	18.4	498.2
Very high (30-50)	24.9	29.2	35.5	47.7	32.3	*12.0	*7.5	189.1
<b>Total</b>	<b>911.4</b>	<b>1 378.8</b>	<b>1 436.0</b>	<b>1 297.3</b>	<b>902.1</b>	<b>620.6</b>	<b>400.1</b>	<b>6 946.4</b>
<b>Females</b>								
Low (10-15)	403.7	775.8	882.3	814.8	601.3	472.2	396.1	4 346.3
Moderate (16-21)	276.7	424.9	372.6	299.0	181.1	122.1	110.6	1 786.9
High (22-29)	145.6	159.3	167.1	131.3	83.5	46.5	52.2	785.5
Very high (30-50)	46.9	65.2	62.5	73.1	31.9	22.7	17.3	319.5
<b>Total</b>	<b>872.9</b>	<b>1 425.1</b>	<b>1 484.6</b>	<b>1 318.2</b>	<b>897.9</b>	<b>663.5</b>	<b>576.1</b>	<b>7 238.3</b>
<b>Persons</b>								
Low (10-15)	953.9	1 648.5	1 888.2	1 719.8	1 266.3	956.8	693.0	9 126.4
Moderate (16-21)	539.2	785.3	654.8	564.5	324.1	210.2	187.8	3 265.9
High (22-29)	219.5	275.7	279.7	210.4	145.5	82.3	70.6	1 283.7
Very high (30-50)	71.7	94.4	98.0	120.8	64.2	34.7	24.8	508.7
<b>Total</b>	<b>1 784.3</b>	<b>2 803.9</b>	<b>2 920.6</b>	<b>2 615.6</b>	<b>1 800.0</b>	<b>1 284.1</b>	<b>976.2</b>	<b>14 184.7</b>

\* estimate is subject to sampling variability too high for most practical purposes

(a) As measured by the Kessler 10 scale. See Glossary.

### 3

#### ROLE LIMITATIONS DUE TO EMOTIONAL PROBLEMS(a), By whether have mental and behavioural problems(b)—Persons aged 18 years and over

	<i>With mental and behavioural problems</i>	<i>Without mental and behavioural problems</i>	<i>Total</i>
	'000	'000	'000
<b>Accomplished less than desired</b>			
Have accomplished less	739.5	1 416.9	2 156.4
Have not accomplished less	744.1	11 284.2	12 028.3
<b>Total</b>	<b>1 483.6</b>	<b>12 701.1</b>	<b>14 184.7</b>
<b>Worked/performed other activities with less care</b>			
Have cared less with work/other activities	609.4	1 060.7	1 670.1
Have not cared less with work/other activities	874.2	11 640.4	12 514.7
<b>Total</b>	<b>1 483.6</b>	<b>12 701.1</b>	<b>14 184.7</b>

(a) Role limitations in the four weeks prior to interview.

(b) Mental and behavioural problems which have lasted or are expected to last for six months or more.

### 4

#### ROLE LIMITATIONS DUE TO EMOTIONAL PROBLEMS(a), By level of psychological distress(b)—Persons aged 18 years and over

	<i>Low (10–15)</i>	<i>Moderate (16–21)</i>	<i>High (22–29)</i>	<i>Very high (30–50)</i>	<i>Total</i>
	'000	'000	'000	'000	'000
<b>Accomplished less than desired</b>					
Have accomplished less	310.5	756.9	694.0	395.0	2 156.4
Have not accomplished less	8 815.9	2 509.0	589.7	113.6	12 028.3
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Worked/performed other activities with less care</b>					
Have cared less with work/other activities	198.7	578.2	562.9	330.3	1 670.1
Have not cared less with work/other activities	8 927.8	2 687.7	720.8	178.3	12 514.7
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>

(a) Role limitations in the four weeks prior to interview.

(b) As measured by the Kessler 10 Scale. See Glossary.

## 5

## QUALITY OF LIFE, By whether have mental and behavioural problems(a)—Persons aged 18 years and over

	<i>With mental and behavioural problems</i>	<i>Without mental and behavioural problems</i>	<i>Total</i>
	'000	'000	'000
Delighted	68.6	1 628.4	1 696.9
Pleased	239.7	4 099.8	4 339.5
Mostly satisfied	364.5	4 341.4	4 705.9
Mixed	501.1	2 112.5	2 613.6
Mostly dissatisfied	126.0	235.9	361.9
Unhappy	110.7	173.5	284.2
Terrible	73.0	109.6	182.7
<b>Total</b>	<b>1 483.6</b>	<b>12 701.1</b>	<b>14 184.7</b>

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

## 6

## QUALITY OF LIFE, By level of psychological distress(a)—Persons aged 18 years and over

	<i>Low</i>	<i>Moderate</i>	<i>High</i>	<i>Very high</i>	<i>Total</i>
	'000	'000	'000	'000	'000
Delighted	1 404.1	245.4	39.3	*8.1	1 696.9
Pleased	3 396.9	778.4	138.7	25.5	4 339.5
Mostly satisfied	3 135.6	1 163.2	352.0	55.1	4 705.9
Mixed	1 021.4	889.7	519.7	182.8	2 613.6
Mostly dissatisfied	96.6	96.0	101.1	68.2	361.9
Unhappy	48.1	61.5	83.4	91.2	284.2
Terrible	23.6	31.9	49.4	77.8	182.7
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>

\* estimate is subject to sampling variability too high for most practical purposes

(a) As measured by the Kessler 10 Scale. See Glossary.

## SOCIAL CONDITIONS, By whether have mental and behavioural problems(a)—All ages

	<i>With mental and behavioural problems</i>	<i>Without mental and behavioural problems</i>	<i>Total</i>
	'000	'000	'000
<b>Place of birth</b>			
Australia	1 428.9	13 220.2	14 649.1
Born overseas	383.7	3 883.4	4 267.1
<b>Total</b>	<b>1 812.6</b>	<b>17 103.7</b>	<b>18 916.3</b>
<b>Family type</b>			
Couples with dependent children	583.1	7 451.3	8 034.4
Couples with non-dependent children	157.1	1 328.8	1 485.8
Couples only-without children	350.4	3 696.9	4 047.3
One-parent with dependent children	209.7	1 209.6	1 419.2
One-parent with non-dependent children	78.6	439.6	518.2
Persons living alone	248.6	1 622.1	1 870.7
Other family	157.4	990.9	1 148.3
Family type not known	27.8	364.4	392.3
<b>Total</b>	<b>1 812.6</b>	<b>17 103.7</b>	<b>18 916.3</b>
<b>Index of socioeconomic disadvantage(b)</b>			
1st quintile	405.4	2 882.3	3 287.6
2nd quintile	378.5	3 303.2	3 681.7
3rd quintile	341.2	3 288.0	3 629.2
4th quintile	363.7	3 951.0	4 314.7
5th quintile	323.6	3 672.9	3 996.5
<b>Total(c)</b>	<b>1 812.6</b>	<b>17 103.7</b>	<b>18 916.3</b>

- (a) Mental and behavioural problems which have lasted or are expected to last for six months or more.
- (b) SEIFA. See glossary.
- (c) Not applicable SEIFA has been omitted and therefore components may not add to totals.



SOCIAL CONDITIONS, By whether have mental and behavioural problems(a)—Persons aged 18 years and over

	<i>With mental and behavioural problems</i>	<i>Without mental and behavioural problems</i>	<i>Total</i>
	'000	'000	'000
<b>Main language spoken at home</b>			
English only	1 267.2	10 663.6	11 930.7
Languages other than English	216.4	2 037.6	2 254.0
<b>Total</b>	<b>1 483.6</b>	<b>12 701.1</b>	<b>14 184.7</b>
<b>Marital status</b>			
Separated	81.1	376.7	457.8
Divorced	145.2	762.2	907.4
Never married	484.4	3 347.0	3 831.4
Widowed	82.2	791.3	873.4
Married	690.7	7 424.1	8 114.7
<b>Total</b>	<b>1 483.6</b>	<b>12 701.1</b>	<b>14 184.7</b>
<b>Number of persons in household</b>			
One	248.6	1 622.1	1 870.7
Two	507.8	4 370.0	4 877.8
Three or more	727.2	6 709.0	7 436.3
<b>Total</b>	<b>1 483.6</b>	<b>12 701.1</b>	<b>14 184.7</b>
<b>Highest level of education</b>			
With post-school qualification	652.0	6 363.9	7 015.9
Does not have post-school qualification	760.0	6 037.1	6 797.0
Level not stated	71.6	300.2	371.8
<b>Total</b>	<b>1 483.6</b>	<b>12 701.1</b>	<b>14 184.7</b>

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

**9**

LABOUR FORCE STATUS, By whether have mental and behavioural problems(a)—Persons aged 15 years and over

	<i>With mental and behavioural problems</i>	<i>Without mental and behavioural problems</i>	<i>Total</i>
	'000	'000	'000
Employed	806.6	8 382.9	9 189.5
Unemployed	88.2	519.4	607.6
Not in labour force	657.4	4 514.4	5 171.8
<b>Total</b>	<b>1 552.2</b>	<b>13 416.7</b>	<b>14 968.9</b>

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

	Low (10–15)	Moderate (16–21)	High (22–29)	Very high (30–50)	Total
	'000	'000	'000	'000	'000
<b>Place of birth</b>					
Australia	6 552.1	2 406.4	921.0	343.0	10 222.5
Born overseas	2 574.3	859.6	362.7	165.7	3 962.3
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Main language spoken at home</b>					
English only	7 772.7	2 736.3	1 036.6	385.1	11 930.7
Languages other than English	1 353.7	529.6	247.1	123.5	2 254.0
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Marital status</b>					
Separated	235.1	124.0	66.7	31.9	457.8
Divorced	540.4	220.8	84.3	61.9	907.4
Never married	2 179.6	1 043.9	442.3	165.6	3 831.4
Widowed	589.4	171.6	85.1	27.3	873.4
Married	5 582.0	1 705.6	605.2	221.9	8 114.7
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Number of persons in household</b>					
One	1 188.6	412.8	180.1	89.2	1 870.7
Two	3 237.4	1 042.9	430.8	166.7	4 877.8
Three or more	4 700.5	1 810.2	672.8	252.8	7 436.3
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Family type</b>					
Couple with dependent children	2 929.1	1 040.3	351.5	122.7	4 443.5
Couple with non-dependent children only	924.3	347.9	135.5	56.0	1 463.7
Couples only-without children	2 817.9	817.7	297.9	111.3	4 044.9
One-parent with dependent children	330.0	174.8	101.3	47.1	653.2
One-parent with non-dependent children only	287.7	117.3	72.4	31.7	509.1
Persons living alone	1 188.6	412.8	180.1	89.2	1 870.7
Other family	586.1	329.0	132.9	47.2	1 095.2
<b>Total(b)</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Highest level of education</b>					
With post school qualification	4 700.9	1 578.8	564.9	171.3	7 015.9
Does not have post-school qualification	4 238.4	1 563.7	678.7	316.2	6 797.0
Level not stated	187.1	123.4	40.1	21.1	371.8
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Labour force status</b>					
Employed	5 870.6	2 125.8	694.9	181.9	8 873.2
Unemployed	255.0	139.1	74.8	53.8	522.8
Not in labour force	3 000.8	1 001.1	514.0	272.9	4 788.7
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>

(a) As measured by the Kessler 10 Scale. See Glossary.

(b) Family type not known has been omitted and therefore components may not add to totals.

# 10

## SOCIAL CONDITIONS, By level of psychological distress(a)—Persons aged 18 years and over *continued*

	Low (10–15)	Moderate (16–21)	High (22–29)	Very high (30–50)	Total
	'000	'000	'000	'000	'000
<b>Index of socioeconomic disadvantage</b>					
1st quintile	1 453.0	565.6	276.1	173.5	2 468.3
2nd quintile	1 750.5	642.1	293.0	105.7	2 791.3
3rd quintile	1 745.4	630.3	235.4	95.9	2 707.1
4th quintile	2 110.5	753.6	279.7	69.7	3 213.5
5th quintile	2 063.4	672.5	199.4	63.8	2 999.1
<b>Total(b)</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>

(a) As measured by the Kessler 10 Scale. See Glossary.

(b) Not applicable SEIFA has been omitted and therefore components may not add to totals.

# 11

## CO-MORBIDITY WITH MENTAL AND BEHAVIOURAL PROBLEMS(a), All ages

	With mental and behavioural problem	Without mental and behavioural problem	Total
	'000	'000	'000
<b>National health priority areas</b>			
Asthma	307.9	1 889.4	2 197.3
Diabetes	66.0	488.2	554.2
Diseases of circulatory system	384.6	2 801.2	3 185.9
Diseases of the musculoskeletal system & connective tissue	865.0	5 193.8	6 058.8
Had an injury event in the last month, action taken	304.0	2 006.5	2 310.5
Malignant neoplasms	28.4	232.9	261.3
<b>Selected physical conditions</b>			
Bronchitis/emphysema	129.8	534.7	664.5
Diseases of the female pelvic organs & genital tract	22.3	74.6	96.9
Epilepsy	26.7	93.7	120.3
Fluid retention (non-circulatory)	58.1	192.4	250.4
Incontinence: urine	46.7	138.9	185.6
Migraine	233.1	937.4	1 170.6
Stomach/duodenal/gastrointestinal ulcer	102.0	403.5	505.5

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

LEVEL OF PSYCHOLOGICAL DISTRESS(a), By physical conditions and mental and behavioural problems(b)—Persons aged 18 years and over

	Low (10–15)	Moderate (16–21)	High (22–29)	Very high (30–50)	Total
	'000	'000	'000	'000	'000
<b>National health priority areas</b>					
Asthma	831.9	397.1	210.7	98.5	1 538.2
Without asthma	8 294.5	2 868.9	1 073.0	410.2	12 646.6
Diabetes	330.9	112.7	68.0	35.1	546.7
Without diabetes	8 795.5	3 153.2	1 215.7	473.6	13 638.0
Diseases of circulatory system	1 984.1	661.8	321.1	148.0	3 115.0
Without diseases of circulatory system	7 142.3	2 604.1	962.6	360.6	11 069.7
Diseases of the musculoskeletal system & connective tissue	3 460.9	1 460.7	673.4	300.1	5 895.1
Without diseases of the musculoskeletal system & connective tissue	5 665.5	1 805.3	610.3	208.6	8 289.7
Had an injury event in the last month, action taken	797.0	402.6	189.4	83.4	1 472.4
No injury event	8 329.4	2 863.3	1 094.3	425.3	12 712.3
Malignant neoplasms	154.0	50.2	39.0	16.3	259.5
Without malignant neoplasms	8 972.5	3 215.7	1 244.7	492.4	13 925.2
Mental and behavioural problems	8 818.4	2 827.7	837.3	217.8	12 701.1
Without mental and behavioural problems	308.1	438.3	446.3	290.9	1 483.6
<b>Mental and behavioural problems</b>					
Organic mental problems	*9.7	*5.1	**2.9	*4.0	21.6
Without organic mental problems	9 116.7	3 260.8	1 280.8	504.7	14 163.1
Alcohol and drug problems	32.8	29.1	30.4	31.6	123.9
Without alcohol and drug problems	9 093.7	3 236.9	1 253.2	477.0	14 060.8
Mood (affective) problems	93.1	222.3	285.6	200.8	801.9
Without mood (affective) problems	9 033.3	3 043.6	998.1	307.9	13 382.9
Anxiety related problems	125.6	211.7	234.3	171.5	743.1
Without anxiety related problems	9 000.8	3 054.3	1 049.4	337.2	13 441.7
Problems of psychological development	34.0	*15.3	26.8	32.0	108.2
Without problems of psychological development	9 092.4	3 250.6	1 256.9	476.7	14 076.6
Behavioural and emotional problems with usual onset in childhood/adolescence	*5.9	**2.3	*5.3	**1.2	*14.6
Without behavioural and emotional problems with usual onset in childhood/adolescence	9 120.5	3 263.7	1 278.4	507.5	14 170.2
Other mental and behavioural problems	28.3	24.3	*12.1	*8.8	73.5
Without other mental and behavioural problems	9 098.1	3 241.6	1 271.6	499.9	14 111.2
Symptoms and signs involving cognitions, perceptions, emotional state & behaviour	22.7	33.6	29.5	65.1	150.8
Without symptoms and signs involving cognitions, perceptions, emotional state & behaviour	9 103.7	3 232.4	1 254.2	443.6	14 033.9
<b>Selected physical conditions</b>					
Bronchitis/emphysema	270.8	158.4	88.5	52.4	570.1
Without bronchitis/emphysema	8 855.6	3 107.6	1 195.2	456.2	13 614.6
Diseases of the female pelvic organs & genital tract	40.5	32.7	14.4	6.4	93.9
Without diseases of the female pelvic organs & genital tract	9 085.9	3 233.3	1 269.3	502.2	14 090.8
Epilepsy	57.5	24.8	12.0	8.4	102.7
Without epilepsy	9 068.9	3 241.1	1 271.7	500.2	14 082.0
Fluid retention (non circulatory)	110.9	71.5	47.3	18.5	248.2
Without fluid retention (non circulatory)	9 015.5	3 194.5	1 236.4	490.2	13 936.5
Incontinence: urine	87.7	40.1	23.4	18.9	170.1
Without incontinence: urine	9 038.7	3 225.9	1 260.2	489.8	14 014.6
Migraine	499.1	321.8	166.7	79.1	1 066.6
Without migraine	8 627.3	2 944.2	1 117.0	429.6	13 118.1
Stomach/duodenal/gastrointestinal ulcer	260.3	121.5	75.7	41.7	499.1
Without stomach/duodenal/gastrointestinal ulcer	8 866.1	3 144.5	1 208.0	467.0	13 685.6

\* estimate is subject to sampling variability too high for most practical purposes

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

(a) As measured by the Kessler 10 Scale. See Glossary.

(b) Conditions which have lasted or are expected to last for six months or more.

MODIFIABLE RISK FACTORS, By whether have mental and behavioural problems(a)—Persons aged 18 years and over

	<i>With mental and behavioural problems</i>	<i>Without mental and behavioural problems</i>	<i>Total</i>
	'000	'000	'000
<b>Tobacco smoking status</b>			
Current daily smoker	475.1	2 702.0	3 177.1
Current not regular smoker	34.8	237.3	272.1
Ex-smoker	367.3	3 364.9	3 732.1
Never smoked regularly	606.4	6 397.0	7 003.4
<b>Total</b>	<b>1 483.6</b>	<b>12 701.1</b>	<b>14 184.7</b>
<b>Alcohol risk</b>			
Low risk	658.7	6 554.3	7 213.0
Risky	101.4	850.5	951.8
High risk	95.3	489.7	585.0
Consumed alcohol but not the past week	487.0	3 417.0	3 904.0
Did not consume alcohol	141.2	1 389.6	1 530.8
<b>Total</b>	<b>1 483.6</b>	<b>12 701.1</b>	<b>14 184.7</b>
<b>Risk factor combinations</b>			
Current smoker only	49.4	241.4	290.8
Risky/high alcohol consumption only	46.1	516.5	562.6
Sedentary/low exercise level only	266.3	2 747.2	3 013.5
Overweight/obese only	99.7	977.8	1 077.5
Current smoker and risky/high alcohol consumption	40.8	254.2	294.9
Current smoker and sedentary/low exercise level	128.0	741.9	869.8
Current smoker and overweight/obese	33.3	157.3	190.6
Current smoker, risky/high alcohol consumption, sedentary/low exercise and overweight/obese	64.8	346.5	411.3
Current smoker, risky/high alcohol consumption and overweight/obese	17.7	164.0	181.7
Current smoker, sedentary/low exercise level and overweight/obese	88.5	572.8	661.3
Current smoker, risky/high alcohol consumption and sedentary/low exercise level	87.6	461.2	548.8
Risky/high alcohol consumption and sedentary/low exercise level and overweight/obese	83.3	714.6	797.9
Risky/high alcohol consumption and sedentary/low exercise level	71.3	661.7	733.0
Risky/high alcohol consumption and overweight/obese	24.0	403.8	427.8
Sedentary/low exercise level and overweight/obese	275.9	2 527.9	2 803.7
None of the above(b)	107.2	1 212.4	1 319.6
<b>Total</b>	<b>1 483.6</b>	<b>12 701.1</b>	<b>14 184.7</b>

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

(b) Persons with none of the risk factors covered in this table.

# 14

## MODIFIABLE RISK FACTORS, By whether have mental and behavioural problems(a)—Persons aged 15 years and over

	<i>With mental and behavioural problems</i>	<i>Without mental and behavioural problems</i>	<i>Total</i>
	'000	'000	'000
<b>Exercise level</b>			
High	106.7	953.8	1 060.5
Moderate	337.5	3 316.4	3 653.9
Low	601.7	5 013.5	5 615.2
Sedentary	506.4	4 133.0	4 639.3
<b>Total</b>	<b>1 552.2</b>	<b>13 416.7</b>	<b>14 968.9</b>
<b>Body mass</b>			
Grade 3 thinness (BMI < 16.00)	*9.6	42.2	51.7
Grade 2 thinness (BMI 16.00–16.99)	*9.1	75.1	84.1
Grade 1 thinness (BMI 17–18.49)	49.9	311.9	361.8
Normal range (BMI 18.5–19.99)	91.3	776.8	868.1
Normal range (BMI 20.00–24.99)	566.4	5 166.1	5 732.6
Grade 1 overweight (BMI 25.00–29.99)	424.9	4 056.1	4 481.0
Grade 2 overweight (BMI 30.00–39.99)	250.7	1 765.4	2 016.1
Grade 3 overweight (BMI ≥ 40)	21.4	123.3	144.7
Not known	129.1	1 099.8	1 228.8
<b>Total</b>	<b>1 552.2</b>	<b>13 416.7</b>	<b>14 968.9</b>

\* estimate is subject to sampling variability too high for most practical purposes

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

**MODIFIABLE RISK FACTORS, By level of psychological distress(a)—Persons aged 18 years and over**

	Low (10–15)	Moderate (16–21)	High (22–29)	Very high (30–50)	Total
	'000	'000	'000	'000	'000
<b>Tobacco smoking status</b>					
Current daily smoker	1 758.0	824.3	401.3	193.5	3 177.1
Current not regular smoker	145.3	87.4	30.0	*9.5	272.1
Ex-smoker	2 507.2	836.3	276.7	111.9	3 732.1
Never smoked regularly	4 715.8	1 518.0	575.8	193.8	7 003.4
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Alcohol risk</b>					
Low risk	4 817.3	1 649.5	576.1	170.1	7 213.0
Risky	593.2	259.5	69.5	29.6	951.8
High risk	346.5	139.5	62.1	36.9	585.0
Consumed alcohol but not the past week	2 391.5	902.7	411.0	198.8	3 904.0
Did not consume alcohol	978.0	314.7	164.9	73.2	1 530.8
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Exercise level</b>					
High	611.3	209.0	65.2	19.2	904.6
Moderate	2 360.3	736.2	252.3	92.1	3 440.8
Low	3 444.4	1 273.6	494.1	159.0	5 371.1
Sedentary	2 710.4	1 047.1	472.2	238.4	4 468.2
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Body mass</b>					
Grade 3 thinness (BMI < 16.00)	22.8	*3.7	*6.0	*5.2	37.8
Grade 2 thinness (BMI 16.00–16.99)	32.3	*10.0	*11.9	*5.8	59.9
Grade 1 thinness (BMI 17–18.49)	166.6	65.6	35.1	*12.7	280.0
Normal range (BMI 18.5–19.99)	414.3	213.5	84.4	34.6	746.8
Normal range (BMI 20.00–24.99)	3 495.5	1 269.7	471.0	173.8	5 410.0
Grade 1 overweight (BMI 25.00–29.99)	2 995.1	949.3	338.3	130.0	4 412.7
Grade 2 overweight (BMI 30.00–39.99)	1 210.2	487.5	215.0	81.6	1 994.3
Grade 3 overweight (BMI ≥ 40)	77.7	28.5	25.4	*13.1	144.7
Not known	711.9	238.2	96.6	51.9	1 098.6
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Risk factor combinations</b>					
Current smoker only	172.8	59.8	34.3	24.0	290.8
Risky/high alcohol consumption only	382.8	129.6	42.8	*7.4	562.6
Sedentary/low exercise level only	1 976.9	648.0	281.9	106.7	3 013.5
Overweight/obese only	776.1	200.2	73.6	27.6	1 077.5
Current smoker and risky/high alcohol consumption	157.3	96.8	30.2	*10.7	294.9
Current smoker and sedentary/low exercise level	463.1	230.4	119.2	57.1	869.8
Current smoker and overweight/obese	100.5	49.2	28.0	*13.0	190.6
Current smoker, risky/high alcohol consumption, sedentary/low exercise and overweight/obese	221.1	120.9	46.3	23.0	411.3
Current smoker, risky/high alcohol consumption and overweight/obese	117.9	44.5	*14.1	*5.1	181.7
Current smoker, sedentary/low exercise level and overweight/obese	378.8	161.8	81.5	39.2	661.3
Current smoker, risky/high alcohol consumption and sedentary/low exercise level	291.9	148.4	77.6	30.9	548.8
Risky/high alcohol consumption and sedentary/low exercise level and overweight/obese	519.5	189.2	66.2	22.9	797.9
Risky/high alcohol consumption and sedentary/low exercise level	447.1	208.7	50.8	26.4	733.0

\* estimate is subject to sampling variability too high for most practical purposes  
 \*\* estimate has a relative standard error greater than 50% and is considered too unreliable for general use  
 (a) As measured by the Kessler 10 Scale. See Glossary.



	Low (10–15)	Moderate (16–21)	High (22–29)	Very high (30–50)	Total
	'000	'000	'000	'000	'000
<b>Risk factor combinations <i>cont.</i></b>					
Risky/high alcohol consumption and overweight/obese	312.6	86.2	26.3	**2.7	427.8
Sedentary/low exercise level and overweight/obese	1 856.4	613.4	242.6	91.2	2 803.7
None of the above(b)	951.7	279.0	68.1	20.8	1 319.6
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>

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

- (a) As measured by the Kessler 10 Scale. See Glossary.
- (b) Persons with none of the risk factors covered in this table.

	<i>With mental and behavioural problems</i>	<i>Without mental and behavioural problems</i>	<i>Total</i>
	'000	'000	'000
<b>Action type</b>			
Hospital visit(c)	150.5	806.6	957.0
Consulted doctor(d)	699.4	3 931.8	4 631.2
Consulted other health professional(e)	529.5	2 929.3	3 458.8
Had days away from work or study	267.0	1 301.6	1 568.6
Had other days of reduced activity	403.7	1 646.8	2 050.5
Total people taking a health action(f)	1 137.8	6 921.4	8 059.1
Total people who did not take above health action	674.8	10 182.3	10 857.1
<b>Total</b>	<b>1 812.6</b>	<b>17 103.7</b>	<b>18 916.3</b>
<b>Type of medical contact:</b>			
<b>mental health</b>			
Psychologist	53.0	33.6	86.7
Other mental health professional	78.3	76.5	154.8
<b>Number of visits to general practitioner</b>			
None	1 209.3	13 590.2	14 799.5
One	453.0	2 869.7	3 322.7
Two	120.3	518.2	638.4
Three or more	29.9	125.7	155.6
<b>Total</b>	<b>1 812.6</b>	<b>17 103.7</b>	<b>18 916.3</b>
<b>Number of visits to other health professional</b>			
None	1 370.0	15 063.6	16 433.6
One	302.4	1 556.6	1 859.0
Two	107.7	327.1	434.8
Three or more	32.5	156.4	188.8
<b>Total</b>	<b>1 812.6</b>	<b>17 103.7</b>	<b>18 916.3</b>
<b>Number of admissions to hospital</b>			
None	1 485.4	15 128.4	16 613.8
One	214.9	1 534.6	1 749.4
Two	75.8	295.4	371.3
Three or more	36.5	145.3	181.8
<b>Total</b>	<b>1 812.6</b>	<b>17 103.7</b>	<b>18 916.3</b>

- (a) Action taken in the two weeks prior to interview.
- (b) Mental and behavioural problems which have lasted or are expected to last for six months or more.
- (c) Hospital visits includes in-patient episode, casualty/emergency, outpatient and day clinic.
- (d) Includes general practitioners and specialists.
- (e) Other health professional. See Glossary.
- (f) Persons may have reported more than one type of health action and therefore components may not add to totals.

	<i>With mental and behavioural problems</i>	<i>Without mental and behavioural problems</i>	<i>Total</i>
	'000	'000	'000
<b>Medication use(b)</b>			
Sleeping tablets or capsules	148.1	431.1	579.2
Tablets or capsules for anxiety or nerves	129.0	144.7	273.7
Tranquillisers	48.8	50.0	98.8
Antidepressants	369.1	294.2	663.2
Mood stabilisers	38.6	42.0	80.6
Other medications for mental health	34.3	17.3	51.6
<b>Total(c)</b>	<b>538.3</b>	<b>817.5</b>	<b>1 355.8</b>
Vitamin or mineral supplements	259.1	852.2	1 111.2
Herbal or natural treatments or remedies	203.8	568.0	771.8
<b>Total(d)</b>	<b>749.4</b>	<b>1 814.1</b>	<b>2 563.5</b>
Did not use medications	734.2	10 887.0	11 621.2
<b>Total</b>	<b>1 483.6</b>	<b>12 701.1</b>	<b>14 184.7</b>
<b>Number of medication types used for mental wellbeing</b>			
None	734.2	10 887.0	11 621.2
One	404.3	1 328.8	1 733.1
Two	244.0	412.0	656.0
Three or more	101.1	73.4	174.4
<b>Total</b>	<b>1 483.6</b>	<b>12 701.1</b>	<b>14 184.7</b>

- (a) Mental and behavioural problems which have lasted or are expected to last for six months or more.
- (b) Used medications for mental wellbeing in the two weeks prior to interview. Type of medication is as reported by respondents.
- (c) All medications other than those identified by respondents as vitamin or mineral supplements, herbal or natural medication.
- (d) Persons may have reported more than one type of medication and therefore components may not add to totals.

	Low (10–15)	Moderate (16–21)	High (22–29)	Very high (30–50)	Total
	'000	'000	'000	'000	'000
<b>Type of action</b>					
Hospital visits(c)	391.2	200.0	132.6	78.0	801.8
Consulted doctor(d)	2 086.8	950.9	483.3	270.5	3 791.5
Consulted other health professional(e)	1 436.4	712.2	338.9	188.9	2 676.4
Had days away from work or study	499.2	299.0	150.0	60.4	1 008.6
Had other days of reduced activity	758.8	459.8	311.4	173.8	1 703.8
Total people taking a health action(f)	3 526.8	1 606.7	783.1	378.1	6 294.8
People who did not take above action	5 599.6	1 659.2	500.6	130.6	7 889.9
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Type of medical contact: mental health</b>					
Psychologist	*13.9	*13.3	20.1	23.4	70.7
Other mental health professional	17.6	23.1	45.1	35.7	121.5
<b>Number of visits to general practitioner</b>					
None	7 289.4	2 416.0	851.4	266.4	10 823.2
One	1 553.6	668.4	316.8	153.4	2 692.3
Two	245.5	145.0	85.3	69.8	545.6
Three or more	37.9	36.5	30.2	19.0	123.6
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Number of visits to other health professional</b>					
None	8 107.7	2 708.3	999.0	343.4	12 158.4
One	789.0	413.0	202.3	90.7	1 495.0
Two	148.8	105.7	59.0	51.4	364.9
Three or more	80.8	39.0	23.5	23.1	166.4
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Number of admissions to hospital</b>					
None	8 059.4	2 773.8	1 041.5	361.5	12 236.3
One	838.3	362.3	165.0	89.2	1 454.7
Two	159.4	89.0	44.8	33.4	326.6
Three or more	69.3	40.8	32.4	24.6	167.1
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>
<b>Medication use(g)</b>					
Sleeping tablets or capsules	222.0	157.3	114.1	85.7	579.2
Tablets or capsules for anxiety or nerves	65.0	73.7	65.9	69.1	273.7
Tranquillisers	22.8	25.3	22.1	28.7	98.8
Antidepressants	165.5	183.9	167.1	146.7	663.2
Mood stabilisers	24.6	17.5	17.7	20.8	80.6
Other medications for mental health	*12.4	*15.5	*9.1	*14.6	51.6
<b>Total(h)</b>	<b>461.2</b>	<b>380.6</b>	<b>294.8</b>	<b>219.2</b>	<b>1 355.8</b>
Vitamin or mineral supplements	488.8	340.9	203.0	78.5	1 111.2
Herbal or natural treatments or remedies	329.8	253.7	134.9	53.4	771.8
<b>Total(i)</b>	<b>1 065.3</b>	<b>752.5</b>	<b>472.8</b>	<b>273.0</b>	<b>2 563.5</b>
Did not use medications	8 061.1	2 513.5	810.9	235.7	11 621.2
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>

\* estimate is subject to sampling variability too high for most practical purposes

(a) Action taken in the two weeks prior to interview.

(b) As measured by the Kessler 10 Scale. See Glossary.

(c) Hospital visits includes in-patient episode, casualty/emergency, outpatient and day clinic.

(d) Includes general practitioners and specialists.

(e) Other health professionals. See Glossary.

(f) Persons may have reported more than one type of action and therefore components may not add to totals.

(g) Used medication for mental wellbeing in the two weeks prior to interview.

(h) All medications other than those identified by respondents as vitamin or mineral supplements, herbal or natural medications.

(i) Persons may have reported more than one type of medication and therefore components may not add to totals.

# 18

## HEALTH ACTIONS(a), By level of psychological distress(b)—Persons aged 18 years and over *continued*

	Low (10–15)	Moderate (16–21)	High (22–29)	Very high (30–50)	Total
	'000	'000	'000	'000	'000
<b>Number of medication type used for mental wellbeing</b>					
None	8 061.1	2 513.5	810.9	235.7	11 621.2
One	829.1	487.7	283.4	132.9	1 733.1
Two	210.4	226.7	136.3	82.6	656.0
Three or more	25.8	38.1	53.1	57.5	174.4
<b>Total</b>	<b>9 126.4</b>	<b>3 265.9</b>	<b>1 283.7</b>	<b>508.7</b>	<b>14 184.7</b>

(a) Action taken in the two weeks prior to interview.

(b) As measured by the Kessler 10 Scale. See Glossary.

# 19

## TYPE OF MEDICAL CONTACT(a), By type of mental and behavioural problem(b)—All ages

	Hospital visits	Doctor	Psychologist	Other mental health professional	Other health professional	None of the above	Total
	'000	'000	'000	'000	'000	'000	'000
Organic mental problems	*3.3	*8.7	np	np	*4.4	*10.5	21.6
Alcohol and drug problems	*12.5	53.5	*5.7	*10.3	31.9	60.1	130.6
Mood (affective) problems	85.0	364.7	32.8	45.1	226.5	345.8	848.9
Anxiety related problems	66.5	344.8	30.6	34.9	223.4	382.6	853.3
Problems of psychological development	*15.2	76.3	*5.3	*5.8	54.1	125.7	235.4
Behavioural and emotional disorders with usual onset in childhood/adolescence	*9.6	52.5	*9.6	*10.7	28.3	70.6	146.8
Other mental and behavioural disorders	*6.9	30.6	np	np	19.9	42.3	85.1
Symptoms and signs involving cognition perceptions emotional state and behaviour	20.9	74.4	*7.1	18.9	36.7	63.5	154.0
<b>Total</b>	<b>150.5</b>	<b>699.4</b>	<b>53.0</b>	<b>78.3</b>	<b>446.0</b>	<b>839.8</b>	<b>1 812.6</b>

\* estimate is subject to sampling variability too high for most practical purposes

np not available for publication but included in totals where applicable, unless otherwise indicated

(a) Medical contact in the last two weeks prior to interview.

(b) Mental and behavioural problems which have lasted or are expected to last for six months or more.

## EXPLANATORY NOTES

### INTRODUCTION

**1** This publication presents results from the National Health Survey (NHS) which was conducted throughout Australia from February to November 2001. This is the fifth in the series of health surveys conducted by the ABS; previous surveys were conducted in 1977–78, 1983, 1989–90 and 1995.

**2** The survey collected information about:

- the health status of the population, including long-term medical conditions experienced and recent injuries
- use of health services such as consultations with health practitioners and visits to hospital and other actions people have recently taken for their health
- health related aspects of people's lifestyles, such as smoking, diet, exercise and alcohol consumption
- demographic and socioeconomic characteristics.

**3** The statistics presented in this publication are a selection of the information available related to mental health of Australians.

### SCOPE OF THE SURVEY

**4** The NHS was conducted in a sample of 17,918 private dwellings across Australia. Both urban and rural areas in all states and territories were included, but sparsely settled areas of Australia were excluded. Non-private dwellings such as hotels, motels, hostels, hospitals, nursing homes and short-stay caravan parks were not included in the survey.

**5** Within each selected household, a random sub-sample of usual residents was selected for inclusion in the survey as follows:

- one adult (18 years of age and over)
- all children aged 0–6 years
- one child aged 7–17 years.

**6** Sub-sampling of respondents enabled more information to be collected from each respondent than would have been possible had all usual residents of selected dwellings been included in the survey.

**7** The following groups were excluded from the survey:

- certain diplomatic personnel of overseas governments, customarily excluded from the census and estimated resident population figures
- persons whose usual place of residence was outside Australia
- members of non-Australian defence forces (and their dependants) stationed in Australia
- visitors to private dwellings.

### DATA COLLECTION

**8** Trained ABS interviewers conducted personal interviews with selected residents of sampled dwellings. One person aged 18 years and over in each dwelling was selected and interviewed about their own health characteristics. An adult resident, nominated by the household, was interviewed about all children aged 0–6 years and one selected child aged 7–17 years in the dwelling.

**9** Dwellings were selected at random using a multistage area sample of private dwellings. The initial sample selected for the survey consisted of approximately 21,900 dwellings; this reduced to a sample of approximately 19,400 after sample loss (e.g. households selected in the survey which had no residents in scope for the survey, vacant or derelict buildings, buildings under construction). Of those remaining dwellings, around 92% were fully responding, yielding a total sample for the survey of 26,863 persons.

**10** To take account of possible seasonal effects on health characteristics, the sample was spread throughout the 10 months enumeration period. Conduct of the survey was suspended during the six weeks from 28 July to 10 September during the 2001 Census of Population and Housing enumeration period.

## EXPLANATORY NOTES *continued*

### DATA COLLECTION *continued*

**11** At the request of the relevant health authorities:

- the sample in the Northern Territory (NT) was reduced to a level such that NT records contribute appropriately to national estimates but cannot support reliable estimates for the NT. This was requested to enable a larger NT sample to be used in the General Social Survey conducted by the ABS in 2002.
- the sample in the Australian Capital Territory was increased by around 60% to improve the reliability of estimates.

### WEIGHTING, BENCHMARKING AND ESTIMATION

#### *Weighting*

**12** Weighting is the process of adjusting results from a sample survey to infer results for the total population. To do this, a 'weight' is allocated to each sample unit. The weight is a value which indicates how many population units are represented by the sample unit.

**13** The first step in calculating weights for each person was to assign an initial weight, which was equal to the inverse of the probability of being selected in the survey. For example, if the probability of a person being selected in the survey was 1 in 600, then the person would have an initial weight of 600 (that is, they represent 600 others).

#### *Benchmarking*

**14** The weights were calibrated to align with independent estimates of the population of interest, referred to as 'benchmarks', in designated categories of sex by age by area of usual residence categories. Weights calibrated against population benchmarks compensate for over or under-enumeration of particular categories of persons and ensure that the survey estimates conform to the independently estimated distribution of the population by age, sex and area of usual residence, rather than to the distribution within the sample itself.

**15** The survey was benchmarked to the estimated population living in private dwellings in non-sparsely settled areas at 30 June 2001 based on results from the 2001 Census of Population and Housing. Hence the benchmarks relate only to persons living in private dwellings, and therefore do not (and are not intended to) match estimates of the total Australian resident population (which include persons living in non-private dwellings, such as hotels) obtained from other sources.

#### *Estimation*

**16** Survey estimates of counts of persons are obtained by summing the weights of persons with the characteristic of interest. Estimates of non-person counts (e.g. days away from work) are obtained by multiplying the characteristic of interest with the weight of the reporting person and aggregating.

#### *Standardisation*

**17** Data for some social conditions contained in this publication are shown as age standardised estimates or percentages. Many health characteristics are age-related and to enable comparisons across population groups (e.g. between those who are employed and those not in the labour force) the age profile of the populations being compared needs to be considered. The age standardised percentages are those which would have prevailed should the actual population have the standard age composition. In this publication the standard population is the benchmark population; i.e. the population at 30 June 2001 based on the 2001 Census of Population and Housing, adjusted for the scope of the survey. It should be noted that minor discrepancies in totals may occur between standardised and non-standardised estimates or percentages, as a result of the standardisation process.

## EXPLANATORY NOTES *continued*

### RELIABILITY OF ESTIMATES

**18** The estimates provided in this publication are subject to sampling and non-sampling error.

#### *Sampling error*

**19** Sampling error is the difference between the published estimates, derived from a sample of persons, and the value that would have been produced if all persons in scope of the survey had been included. For more information refer to the Technical Note. In this publication, estimates with a relative standard error of 25% to 50% are preceded by an asterisk (e.g. \*3.4) to indicate that the estimate should be used with caution. Estimates with a relative standard error over 50% are indicated by a double asterisk (e.g. \*\*0.6) and should be considered unreliable for most purposes.

#### *Non-sampling error*

**20** Non-sampling error may occur in any data collection, whether it is based on a sample or a full count such as a census. Sources of non-sampling error include non-response, errors in reporting by respondents or recording of answers by interviewers, and errors in coding and processing data.

**21** Non-response occurs when people cannot or will not cooperate, or cannot be contacted. Non-response can affect the reliability of results and can introduce a bias. The magnitude of any bias depends upon the rate of non-response and the extent of the difference between the characteristics of those people who responded to the survey and those who did not.

**22** The following methods were adopted to reduce the level and impact of non-response:

- face-to-face interviews with respondents
- the use of interviewers who could speak languages other than English where necessary
- follow-up of respondents if there was initially no response
- weighting to population benchmarks to reduce non-response bias.

**23** By careful design and testing of questionnaires, training of interviewers, asking respondents to refer to records where appropriate, and extensive editing and quality control procedures at all stages of data processing, other non-sampling error has been minimised. However, the information recorded in the survey is essentially 'as reported' by respondents, and hence may differ from information available from other sources, or collected using different methodology. In particular it should be noted that:

- information about medical conditions was not medically verified and most were not necessarily based on diagnosis by a medical practitioner. Conditions which have a greater effect on people's wellbeing or lifestyle, or those which were specifically mentioned in survey questions are expected in general to have been better reported than others.

### CLASSIFICATION

#### *Long-term medical conditions*

**24** All reported long-term medical conditions were coded to a list of approximately 1,000 condition categories which was prepared for this survey. Information about medical conditions classified at this level of detail will not generally be available for output from the survey; however, they can be regrouped in various ways for output. Three standard output classifications developed by the ABS for this survey are available:

- a classification based on the International Classification of Diseases, 10th revision (ICD-10)
- a classification based on the 2 plus edition of the International Classification of Primary Care (ICPC)
- a classification based on the International Classification of Diseases, 9th revision (ICD-9), which is similar to the classification of conditions used in the 1995 NHS, and has been retained to assist data users in comparing 2001 and 1995 results.



## EXPLANATORY NOTES *continued*

### HEALTH PRODUCTS AND SERVICES

#### *Microdata*

**25** In this publication, medical conditions data from the 2001 NHS are shown classified to the ICD-10 based classification, or variants of that classification.

**26** For users who wish to undertake more detailed analysis of the survey data, a confidentialised unit record file (CURF) is available on CD-ROM. Other access to the confidentialised micro data includes an expanded CURF available via the NHS remote access data laboratory (RADL). Information about these confidentialised unit record files is contained in the publication *Information Paper: National Health Survey – Confidentialised Unit Record Files* (cat. no. 4324.0), which is available on the ABS web site <<http://www.abs.gov.au>>.

#### *Special tabulations*

**27** Special tabulations are available on request. Subject to confidentiality and sampling variability constraints, tabulations can be produced from the survey incorporating data items, populations and geographic areas selected to meet individual requirements. These can be provided in printed or electronic form. A list of data items available from the survey is available free of charge on the ABS web site <<http://www.abs.gov.au>>.

### RELATED PUBLICATIONS

**28** Other ABS publications which may be of interest are shown below. Most of these are available at <<http://www.abs.gov.au>>.

- *National Health Survey: Summary of Results, 1989–90, 1995 and 2001* (cat. no. 4364.0).
- *National Health Survey: Users' Guide, 1989–90, 1995 and 2001* (cat. no. 4363.0).
- *Mental Health and Wellbeing: Profile of Adults, Australia, 1997* (cat. no. 4326.0).
- *Mental Health and Wellbeing: Users' Guide, 1997* (cat. no. 4327.0).

**29** Current publications and other products released by the ABS are listed in the *Catalogue of Publications and Products* (cat. no. 1101.0). The Catalogue is available from any ABS office or the ABS web site <<http://www.abs.gov.au>>. The ABS also issues a daily Release Advice on the web site which details products to be released in the week ahead.

## TECHNICAL NOTE

### RELIABILITY OF ESTIMATES

#### *Measuring sample variability*

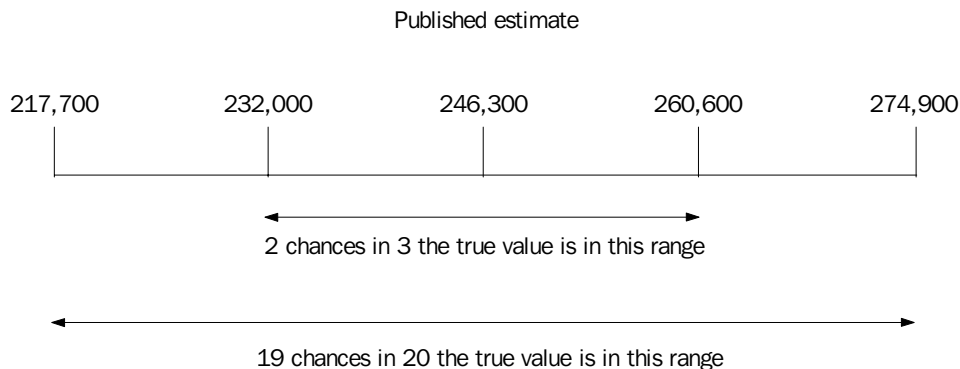
**1** Since the estimates in this publication are based on information obtained from a sub-sample of usual residents of a sample of dwellings, they are subject to sampling variability; that is, they may differ from those that would have been produced if usual residents of all dwellings had been included in the survey. One measure of the likely difference is given by the standard error (SE), which indicates the extent to which an estimate might have varied by chance because only a sample of dwellings was included. There are about two chances in three that a sample estimate will differ by less than one SE from the number 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.

**2** 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 appears at the end of these Technical Notes. 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

**3** An example of the calculation and the use of SEs in relation to estimates of persons is as follows. Consider the estimate for Australia of persons aged 45–54 who reported high cholesterol as a long-term condition (246,300). Since this estimate is between 200,000 and 300,000 in the SE table, the SE will be between 13,200 and 15,600 and can be approximated by linear interpolation as 14,300 (rounded to the nearest 100). 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 232,000 to 260,600 and about 19 chances in 20 that the value will fall within the range 217,700 to 274,900. This example is illustrated in the diagram below.

$$SE = RSE \times Estimate$$



**4** As can be seen from the SE table at the end of this Chapter, 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. In the tables in this publication, only estimates with RSEs of less than 25% and percentages based on such estimates are considered sufficiently reliable for most purposes. However, estimates with larger RSEs have been included and are preceded by an asterisk (e.g. \*3.4) to indicate that they are subject to high SEs and should be used with caution. Estimates with RSEs greater than 50% are preceded by a double asterisk (e.g. \*\*2.1) to indicate that they are considered too unreliable for general use.

CALCULATION OF STANDARD  
ERRORS *continued*

**5** Proportions and percentages formed from the ratio of two estimates are also subject to sampling errors. The size of the error depends of the accuracy of both the numerator and denominator. A formula to approximate the RSE of a proportion is given below:

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

**6** Using this formula, the RSE of the estimated proportion or percentage will be lower than the RSE estimate of the numerator. Therefore an approximation for RSEs of proportions or percentages may be derived by neglecting the RSE of the denominator—i.e. 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. This approach has been adopted in this publication for the purposes of assigning the \* or \*\* to indicate a 25% or 50% RSE threshold.

**7** Published estimates may also be used to calculate the difference between two survey estimates (numbers or percentages). Such an estimate is subject to sampling error. The sampling error of the difference between the 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:

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

**8** While this formula will only be exact for differences between separate and uncorrelated characteristics of sub-populations, it is expected to provide a reasonable approximation for all differences likely to be of interest in this publication.

**9** 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 respondents and recording by interviewers, and errors made in coding and processing data. Inaccuracies of this kind are referred to as non-sampling error, and they may occur in any enumeration, whether it be a full count or a sample. Every effort is made to reduce non-sampling error to a minimum by careful design of questionnaires, intensive training and supervision of interviewers, and efficient operating procedures.

## TECHNICAL NOTE TECHNICAL NOTE *continued*

### CALCULATION OF STANDARD ERRORS *continued*

### STANDARD ERRORS ON PERSON ESTIMATES

	STANDARD ERROR							AUSTRALIA	
	NSW	Vic	Qld	SA	WA	Tas	ACT	Australia standard error	Relative standard error
	no.	no.	no.	no.	no.	no.	no.	no.	%
500	520	488	499	404	438	342	268	468	93.7
1,000	848	782	777	647	686	526	397	750	75.0
1,500	1 113	1 019	997	839	880	666	492	978	65.2
2,000	1 342	1 222	1 184	1 002	1 046	780	570	1 174	58.7
2,500	1 548	1 403	1 350	1 145	1 190	880	635	1 350	54.0
3,000	1 734	1 566	1 500	1 272	1 320	969	693	1 512	50.4
3,500	1 904	1 718	1 638	1 390	1 439	1 047	742	1 659	47.4
4,000	2 064	1 860	1 764	1 496	1 548	1 120	788	1 800	45.0
4,500	2 219	1 989	1 881	1 598	1 652	1 184	832	1 930	42.9
5,000	2 360	2 115	1 995	1 690	1 745	1 245	870	2 055	41.1
6,000	2 622	2 346	2 202	1 866	1 920	1 362	942	2 286	38.1
8,000	3 088	2 752	2 568	2 160	2 232	1 552	1 056	2 696	33.7
10,000	3 500	3 100	2 880	2 420	2 490	1 710	1 160	3 060	30.6
20,000	5 040	4 440	2 060	3 340	3 460	2 260	1 480	4 440	22.2
30,000	6 180	5 400	4 920	3 960	4 140	2 610	1 680	5 490	18.3
40,000	7 080	6 160	5 600	4 440	4 680	2 880	1 840	6 320	15.8
50,000	7 850	6 800	6 200	4 850	5 100	3 100	1 950	7 050	14.1
100,000	10 600	9 100	8 300	6 200	6 600	3 800	2 300	9 700	9.7
200,000	13 800	12 000	10 800	7 600	8 400	4 400	2 600	13 200	6.6
300,000	16 200	13 800	12 600	8 400	9 600	4 800	3 000	15 600	5.2
400,000	17 600	15 200	14 000	8 800	10 400	5 200	2 800	17 600	4.4
500,000	19 000	16 500	15 000	9 500	11 000	..	..	19 000	3.8
1,000,000	23 000	20 000	19 000	11 000	13 000	..	..	24 000	2.4
2,000,000	28 000	24 000	22 000	..	..	..	..	30 000	1.5
5,000,000	35 000	..	..	..	..	..	..	40 000	0.8
10,000,000	..	..	..	..	..	..	..	50 000	0.5
20,000,000	..	..	..	..	..	..	..	60 000	0.3

.. not applicable

### ESTIMATES WITH RELATIVE STANDARD ERRORS OF 25% AND 50%

	NSW	Vic.	Qld	SA	WA	Tas.	ACT	Aust.
<i>Size of estimate</i>	no.	no.	no.	no.	no.	no.	no.	no.
Estimate with 25% RSE	20 353	15 693	13 348	9 352	9 940	4 978	2 577	15 563
Estimate with 50% RSE	4 337	3 343	2 996	2 009	2 224	1 131	588	3 059

## GLOSSARY

The definitions used in this survey are not necessarily identical to those used for similar items in other collections. Additional information about the items and their definitions are contained in the 2001 National Health Survey: Users' Guide.

- Actions taken** Refers to one or more of the following 'health related' actions taken, in relation to the respondent's own health, in the 2 weeks prior to interview:
- discharge from a stay in hospital as an admitted patient
  - visit to casualty/emergency department at hospital
  - visit to outpatients department at hospital
  - visit to day clinic
  - consultation with general practitioner (GP) or specialist
  - dental consultation
  - consultation with other health professional (OHP)
  - days away from work or school/study (due to own illness or injury)
  - other days of reduced activity (days other than days away from work or school/study due to own illness or injury).

Points to note:

Use of medications has been included in 'actions' data from previous surveys but is excluded from 'actions' data in 2001 because coverage of medication use is incomplete in the 2001 survey.

Days away from work or school to care for another are excluded from 'actions' data.

- Alcohol risk level** Adults were classified by 'alcohol risk level' based on their estimated average daily alcohol consumption in the seven days prior to interview. Average daily consumption in the previous seven days was estimated using two components:
- the number of days on which the respondent reported consuming alcohol in the previous week
  - the quantity consumed on the three most recent days on which they consumed alcohol in that week. For people who drank on no more than three days in the last week, their daily average was simply the total consumed divided by seven.

Risk levels are based on the National Health and Medical Research Council (NHMRC), 2001, Australian Alcohol Guidelines: Health Risks and Benefits (<http://www.nhmrc.gov.au>) risk levels for harm in the long-term, and assumes the level of alcohol consumption recorded for the survey period is typical. The average daily consumption of alcohol associated with the risk levels is as follows:

### ALCOHOL RISK LEVEL

	<i>Males</i>	<i>Females</i>
Low risk	50 ml or less	25 ml or less
Risky	More than 50 ml, up to 75 ml	More than 25 ml, up to 50 ml
High risk	More than 75 ml	More than 50 ml

Drinking status information was also collected for those who did not consume any alcohol in the seven days prior to interview:

- Last consumed more than one week to less than 12 months ago
- Last consumed two months or more ago
- Never consumed.

- Body Mass Index** Calculated from self-reported height and weight information, using the formula weight (kilogram) divided by the square of height (metre). To produce a measure of the prevalence of overweight or obesity in adults, BMI values are grouped according to the table below.



## GLOSSARY *continued*

<b>Labour force status</b>	<p>Refers to the employment situation of respondents at the time of the survey. Categories are:</p> <ul style="list-style-type: none"><li>■ employed (aged 15 years and over and had a job in the week prior to the survey)</li><li>■ unemployed (aged 15 years and over, were not employed and actively looked for work in the four weeks prior to the survey)</li><li>■ not in the labour force (all children less than 15 years, and persons 15 years and over who were neither employed nor unemployed).</li></ul>
<b>Long-term condition</b>	<p>A condition which was current at the time of the survey and which, in the respondent's opinion, had lasted for six months or more, or which he or she expected would last for six months or more. Some conditions reported were assumed to be long-term conditions: these included asthma, cancer, diabetes insipidus, diabetes mellitus types 1 and 2, rheumatic heart disease, heart attack and stroke.</p>
<b>Long-term mental and behavioural problems</b>	<p>The range of major mental problems included in the survey are those which are considered to have the highest rates of prevalence in the population. On this basis, the long-term mental and behavioural problems included in the 2001 NHS were:</p> <ul style="list-style-type: none"><li>■ Organic mental problems—mental problems grouped together on the basis of them having a commonality of a demonstrable etiology in cerebral disease, brain injury, or other insult leading to cerebral dysfunction for example dementia and delirium.</li><li>■ Alcohol and drug problems—these disorders are attributable to the use of one or more psychoactive substances, which may or may not have been medically prescribed for example alcohol, tobacco, sedatives and hallucinogens.</li><li>■ Mood (affective) disorders—a change in mood or affect to depression or to elation with or without associated anxiety. This problem tends to be recurrent and the individual onset may often be related to stressful events or situations for example, depression, mania and bipolar.</li><li>■ Anxiety related problems—exists in association with psychological stress for example, feelings of anxiousness and nervousness.</li><li>■ Problems of psychological development—impairment or delay in the development of functions that are strongly related to biological maturation of the central nervous system.</li><li>■ Behavioural and emotional problems with usual onset in childhood/adolescence—lack of persistence in activities that require cognitive involvement and a tendency to move from one activity to another without completing any one, together with disorganised, ill regulated and excessive activity. Several other abnormalities maybe associated.</li><li>■ Other mental and behavioural problems—all other mental and behavioural problems.</li><li>■ Symptoms and signs involving cognitions, perceptions, emotional state and behaviour.</li></ul>
<b>Main language spoken at home</b>	<p>Obtained for adults only and refers to whether a language other than English is spoken at home, solely or in conjunction with English and/or languages other than English.</p>
<b>National Health Priority Areas (NHPA)</b>	<p>Included cancer, diabetes/high sugar levels, heart and circulatory conditions, injuries, mental health and asthma in 2001. The area covering arthritis and musculoskeletal diseases has been added in 2002 and was used in this publication under NHPAs.</p>
<b>Other health professional (OHP)</b>	<p>Comprises:</p> <ul style="list-style-type: none"><li>■ Aboriginal health worker (n.e.c.)</li><li>■ Accredited counsellor</li><li>■ Acupuncturist</li><li>■ Alcohol and drug worker (n.e.c.)</li><li>■ Audiologist/Audiometrist</li><li>■ Chemist (for advice)</li><li>■ Chiropodist/Podiatrist</li><li>■ Chiropractor</li><li>■ Dietitian/Nutritionist</li><li>■ Herbalist</li><li>■ Hypnotherapist</li></ul>

## GLOSSARY *continued*

<b>Other health professional (OHP) <i>continued</i></b>	<ul style="list-style-type: none"><li>■ Naturopath</li><li>■ Nurse</li><li>■ Occupational therapist</li><li>■ Optician/Optomestrist</li><li>■ Osteopath</li><li>■ Physiotherapist/Hydrotherapist</li><li>■ Psychologist</li><li>■ Social worker/Welfare officer</li><li>■ Speech therapist/Pathologist</li></ul>
<b>Other mental health professional</b>	Comprises: <ul style="list-style-type: none"><li>■ Accredited counsellor</li><li>■ Alcohol and drug worker (n.e.c.)</li><li>■ Social worker/Welfare officer</li></ul>
<b>Prevalence</b>	The number of cases of a particular characteristic (e.g. a specific long-term condition such as cancer) that are present in a population at one point in time. This differs from incidence, which refers to the number of new cases of a particular characteristic, such as cancer, which occur within a certain period. Prevalence and incidence can also be presented as proportions of the population of interest.
<b>Psychological distress</b>	Derived from the Kessler Psychological Distress Scale 10 items (K10). This is a scale of non-specific psychological distress based on 10 questions about negative emotional states in the four weeks prior to interview. The K10 is scored from 10 to 50, with higher scores indicating a higher level of distress; low scores indicate a low level of distress. In this publication scores are grouped as follows: <ul style="list-style-type: none"><li>■ Low (10–15)</li><li>■ Moderate (16–21)</li><li>■ High (22–29)</li><li>■ Very high (30–50)</li></ul> Based on research from other population studies, a very high level of psychological distress, as shown by the K10, may indicate a need for professional help.  Further information about the K10 may be found in the ABS publication: <i>Information Paper: Use of the Kessler Psychological Distress Scale in ABS Health Surveys, Australia</i> (cat. no. 4817.0.55.001). This publication, the 2001 National Health Survey: Users' Guide, and copies of the 2001 NHS questionnaire are available on the ABS web site < <a href="http://www.abs.gov.au">http://www.abs.gov.au</a> >.
<b>Risky/high risk alcohol consumption</b>	Is a combination of Moderate or 'Risky' and High risk alcohol consumption levels. See Alcohol risk level.
<b>Role limitations due to mental health</b>	In context of mental wellbeing, role limitation refers to having accomplished less than desired, or having worked or performed other regular daily activities less carefully than usual, because of emotional problems. In the 2001 NHS this information was obtained from two questions on role limitations from the mental health dimension of the SF12, which referred to limitations in the four weeks prior to interview.
<b>SEIFA's</b>	One of 5 of the Socio-economic Indexes for Areas (SEIFAs) compiled by the ABS following each population census. Each index summarises different aspects of the socioeconomic condition of areas. The index of Relative Socioeconomic Disadvantage is the SEIFA index most frequently used in health analysis. The particular attributes summarised by this index include low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations.  Most commonly, SEIFAs are used to group survey respondents into quintiles or deciles of a particular index. Comparisons can then be made between respondents living in areas based on SEIFA quintiles (or deciles) across a range of health-related characteristics such as self-assessed health status.



## GLOSSARY *continued*

---

- SEIFA's *continued*** The indexes are compiled at the level of the Census Collector's District (CD) in which a person lives. The indexes currently available are those compiled following the 2001 census. For this publication the SEIFA's using the 1996 census was used. Further information about the SEIFAs see Information Paper: *Census of Population and Housing—Socio-Economic Indexes for Areas*, Australia, 1996 (cat. no. 2039.0)
- Smoker status** Refers to the smoking status of adults at the time of the survey, and incorporates the notion of (regular) smoking, as reported by respondents. Categories are:
- Current regular (i.e. daily) smoker
  - Current smoker not regular
  - Ex-regular smoker
  - Never smoked regularly.
- Smoking refers to the regular smoking of tobacco, including manufactured (packet) cigarettes, roll your own cigarettes, cigars and pipes, but excludes chewing tobacco and smoking of non-tobacco products.
- Type of medication used for mental wellbeing** Refers to the type of medication reported by adult respondents as used for their mental wellbeing in the two weeks prior to interview. Includes vitamins and minerals, natural and herbal medications and the following types of pharmaceutical medications:
- sleeping tablets/capsules
  - tablets/capsules for anxiety or nerves
  - tranquillisers
  - antidepressants
  - mood stabilisers
  - other medications for mental health.
- Unemployed** An unemployed person was defined as one who met all of the following criteria:
- who was not employed during the reference week
  - had actively looked for full-time or part-time work at any time in the four weeks up to the end of the reference week
  - was available for work in the reference week.

## BIBLIOGRAPHY

---

- Andrews, G. Slade, T 2001, Interpreting scores on the Kessler Psychological Distress Scale (K10), *Australian and New Zealand Journal of Public Health*, vol. 25, no. 6, pp. 494–497.
- ABS 1997, *Mental Health and Wellbeing: Profile of Adults, Australia*, cat. no. 4326.0, ABS, Canberra.
- ABS 2001, *National Health Survey: Summary of Results*, cat. no. 4364.0, ABS, Canberra.
- AIHW 2001, *Chronic Disease and Associated Risk Factors in Australia*, Cat. No. PHE 33, AIHW, Canberra.
- Commonwealth Department of Health and Aged Care & Australian Institute of Health and Welfare 1998, *National Health Priority Areas Report: Mental Health*, a report focusing on depression, Cat. No. PHE 11, AIHW, Canberra.
- Kessler, R. Mroczek, D 1992, An Update of the Development of Mental Health Screening Scales for the US National Health Interview Study [memo dated 12 December 1992 ]. Ann Arbor (MI): Survey Research Center of the Institute for Social Research. University of Michigan.
- Kessler, R. Mroczek, D 1994, Final Version of our Non-specific Psychological Distress Scale [memo dated 10 March 1994]. Ann Arbor (MI): Survey Research Center of the Institute for Social Research. University of Michigan.



## FOR MORE INFORMATION . . .

- INTERNET* **www.abs.gov.au** the ABS web site is the best place to start for access to summary data from our latest publications, information about the ABS, advice about upcoming releases, our catalogue, and Australia Now—a statistical profile.
- LIBRARY* A range of ABS publications is available from public and tertiary libraries Australia-wide. Contact your nearest library to determine whether it has the ABS statistics you require, or visit our web site for a list of libraries.
- CPI INFOLINE* For current and historical Consumer Price Index data, call 1902 981 074 (call cost 77c per minute).
- DIAL-A-STATISTIC* For the latest figures for National Accounts, Balance of Payments, Labour Force, Average Weekly Earnings, Estimated Resident Population and the Consumer Price Index call 1900 986 400 (call cost 77c per minute).

## INFORMATION SERVICE

Data already published that can be provided within five minutes will be free of charge. Our information consultants can also help you to access the full range of ABS information—ABS user pays services can be tailored to your needs, time frame and budget. Publications may be purchased. Specialists are on hand to help you with analytical or methodological advice.

- PHONE* 1300 135 070
- EMAIL* client.services@abs.gov.au
- FAX* 1300 135 211
- POST* Client Services, ABS, GPO Box 796, Sydney NSW 2001

## WHY NOT SUBSCRIBE?

ABS subscription services provide regular, convenient and prompt deliveries of ABS publications and products as they are released. Email delivery of monthly and quarterly publications is available.

- PHONE* 1300 366 323
- EMAIL* subscriptions@abs.gov.au
- FAX* 03 9615 7848
- POST* Subscription Services, ABS, GPO Box 2796Y, Melbourne Vic 3001



2481100001018

ISBN 0 642 47918 6

RRP \$25.00