

Prevalence and impact of mental illness

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Mental health is a key component of overall health and wellbeing (WHO 2021). A mental illness refers to a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour, usually associated with distress or impairment in important areas of functioning (WHO 2022).

On this page the terms 'mental illness' and 'mental disorder' are both used to describe a wide range of mental health and behavioural disorders, which can vary in both severity and duration.

Key points

- **Over 2 in 5 (44%, or 8.6 million)** Australians **aged 16–85** are estimated to have experienced a mental disorder at some time in their life, with **1 in 5 (21%, or 4.2 million)** having experienced a mental disorder in the previous 12 months.
- **Anxiety disorders** (such as *Social Phobia*) are the most common type of disorder, affecting **1 in 6 (17%, or 3.3 million)** Australians, followed by *Affective disorders* (such as *Depressive Episode*) (8%), and *Substance Use disorders* (such as *Alcohol Dependence*) (3%).
- **Almost 1 in 7 (14%)** children and adolescents **aged 4–17** years are estimated to have experienced a mental illness in the previous 12 months.
- **5% or 800,000 people** are estimated to have a severe mental illness, of which 500,000 people have episodic mental illness and 300,000 have persistent mental illness.
- *Mental and substance use disorders* were the **second largest contributor (24%)** of the non-fatal burden of disease in Australia

How many Australians have experienced a mental illness?

Of Australians aged 16–85, an estimated:

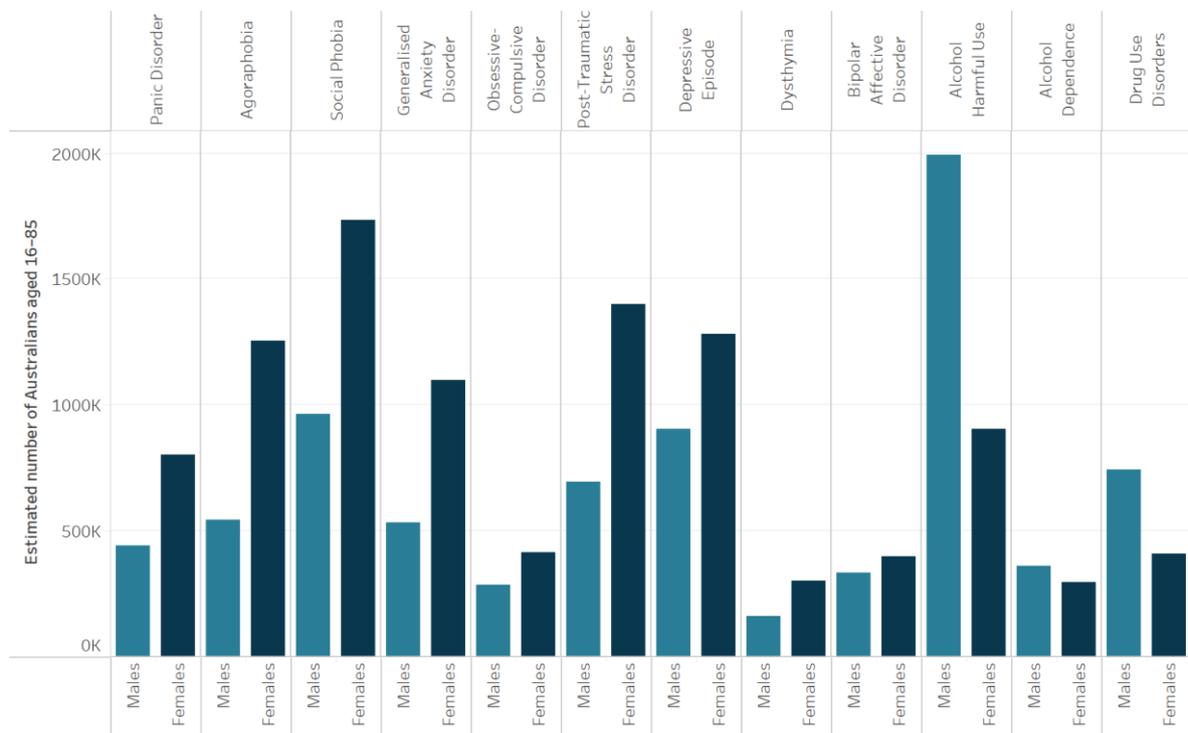
- 8.6 million have experienced a mental disorder at some time in their life (44% of the population).
- 4.2 million have experienced a mental disorder in the previous 12 months.

The most common mental illnesses in Australia are *Anxiety Disorders*, *Affective Disorders* (such as *Depression*) and *Substance use disorders* ([ABS 2022a](#)).

An estimated **8,589,100** Australians aged 16–85 (43.7% of the population) have experienced a mental disorder in their lives.

- Time period**
- Lifetime
 - 12-month
- Disorders**
- All disorders
 - Any disorder

SWITCH TO
PSYCHOLOGICAL DISTRESS



Notes:

- 1) Estimates of *Alcohol Dependence* and *Drug Use Disorders* have a relative standard error of 25% to 50% and should be interpreted with caution.
- 2) Refer to [National Study of Mental Health and Wellbeing methodology, 2020-21 | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au) for more information.

Source: Australian Bureau of Statistics, National Study of Mental Health and Wellbeing: Summary Results, 2020-21; Tables 1.1, 1.3, 2.1, 2.3.

<https://www.aihw.gov.au/mhsa>

Prevalence

In the *Mental health services in Australia* online report, the terms ‘mental illness’ and ‘mental disorder’ are both used to describe a wide spectrum of mental health and behavioural disorders, which can vary in both severity and duration. The most prevalent mental illnesses in Australia are *Anxiety Disorders*, *Affective Disorders* (such as *Depression*) and *Substance use disorders* (ABS 2022a).

A program of surveys, the *National Survey of Mental Health and Wellbeing (NSMHWB)*, began in Australia in the late 1990s. The role of these surveys is to provide evidence on the prevalence of mental illness in the Australian population, the amount of disability associated with mental illness, and the use of health services by people experiencing mental illness. These surveys have 3 main components—a population-based survey of adults, a service-based survey of people with psychotic disorders, and a population-based survey of children.

Survey of Adult Population (aged 16–85)

The *National Study of Mental Health and Wellbeing* of adults provides information on the 12-month and lifetime prevalence of mental disorders in the Australian population aged 16–85 years. Preliminary estimates from the first tranche of data from the 2020–21 study show that over 2 in 5 (44%) Australians in this age range experience a mental illness at some time in their life (about 8.6 million people). It also estimates that over 1 in 5 (21%) of the population experienced a mental disorder in the previous 12 months (about 4.2 million people).

Of these;

- *Anxiety disorders* (such as *Social Phobia*) were the most common, affecting 1 in 6 (17%) Australians,
- *Affective disorders* (such as *Depressive Episode*) (8%),
- *Substance Use disorders* (such as *Alcohol Dependence*) (3%) (ABS 2022a). Full data are expected to be released in mid 2023.

Intergenerational health and mental health study

The *Intergenerational health and mental health study* commenced in 2021. The latest Mental Health Study will update the estimates of the prevalence of mental illnesses from the 2007 *National Survey of Mental Health and Wellbeing*. It will provide updated statistics and insights into the impact of mental and behavioural and other chronic conditions on Australians and the use of health services and barriers to accessing them, as well as other health topics. The mental health component, The National Study, commenced data collection for the first cohort in December 2020 (ABS 2021). Comprehensive data from the first phase of this study were published July 2022.

National Health Survey 2020-21

Another source of information about the mental health of Australians is the Australian Bureau of Statistics' (ABS) *National Health Survey* (NHS) 2020–21, which provides information on a range of health conditions including mental and behavioural disorders. In contrast to the NSMHWB which uses a diagnostic instrument, the NHS estimates are based on self-reported information, and records a survey participant as having a mental or behavioural condition during the collection period only if it was also reported as long-term (had lasted, or was expected to last, a minimum of 6 months). The NHS 2020–21 estimated that 1 in 5 (20%) Australians reported that they had a mental or behavioural condition during the collection period (August 2020 to June 2021) (ABS 2022c).

Survey of Children and Adolescents (aged 4–17)

A national household survey, the *Australian Child and Adolescent Survey of Mental Health and Wellbeing*, was conducted for the second time in 2013–14 (also referred to as the '*Young Minds Matter*' survey). The findings highlight the most common and

burdensome health condition in children and adolescents are mental illness which have significant adverse impacts on their academic outcomes.

Almost 1 in 7 (14%) children and adolescents aged 4–17 years were assessed as experiencing mental illness in the previous 12 months, which is equivalent to about 591,000 (based on the estimated 2017 population) children and adolescents.

Attention Deficit Hyperactivity Disorder (ADHD) was the most common mental illness (7% of all children and adolescents, or about 315,000), followed by,

- *Anxiety disorders* (7% or about 293,000)
- *Major Depressive disorder* (3% or about 119,000)
- *Conduct disorder* (2% or about 89,000).

Almost one third (30% or 4% of all those aged 4–17) with a illness experienced 2 or more mental illnesses at some time in the previous 12 months.

Male children and adolescents (16%) were more likely than females (12%) to have experienced mental illness in the previous 12 months. The prevalence of mental illness was slightly higher for older females (13% for 12–17 year olds) than for younger females (11% for 4–11 year olds). However, the prevalence for males did not differ markedly between the younger and older age groups (17% and 16% respectively).

There were a number of significant methodological differences between the *Young Minds Matter* survey and the first child and adolescent survey conducted in 1998. However, it is possible to compare the prevalence data for 3 mental health illnesses (*Major depressive disorder, ADHD and Conduct disorder*). Prevalence of *Depressive disorder* increased from 2% to 3%, *ADHD* decreased from 10% to 8%, and *Conduct disorder* decreased from 3% to 2% (Lawrence et al. 2015).

Survey of People Living with Psychotic Illness (aged 16–84)

Mental illness includes conditions with low prevalence and severe consequences, including psychotic illnesses and a range of other conditions such as eating disorders and personality disorders (DoHA 2010). Psychotic illnesses may be characterised by symptoms including disordered thinking, hallucinations, delusions and disordered behaviour, and include *Schizophrenia, Schizoaffective disorder, and Delusional disorder*.

Estimates from the 2010 *National Psychosis Survey* were that 64,000 people in Australia aged 18–64 experienced a psychotic illness and were in contact with public specialised mental health services each year. This equates to 5 cases per 1,000 population. The survey found the most frequently recorded of these disorders was *Schizophrenia* which accounted for almost half of all diagnoses (47%) (Morgan et al. 2011).

2021 Census

For the first time, the *Census of Population and Housing* (the Census) conducted in 2021 asked Australians about 10 common long-term health conditions. Over 8 million (about 32%) Australians reported that they had been diagnosed with a long-term health condition, with 2.2 million (about 9%) reporting a Mental health condition (including depression or anxiety) (ABS 2022b). The ABS recommends that the NSMHWB be used as the main source of prevalence data as it uses diagnostic criteria rather than self-reporting as with the Census. Visit [Comparing ABS long-term health conditions data sources](#) for more information.

How many Australians experience psychological distress?

Another insight into the mental health and wellbeing of Australians is provided by measures of psychological distress. Psychological distress can be described as unpleasant feelings or emotions that affect a person's level of functioning and interfere with the activities of daily living. This distress can result in having negative views of the environment, others and oneself, and manifest as symptoms of mental illness, including anxiety and depression.

How is psychological distress measured?

Psychological distress is commonly measured using the Kessler 10 Psychological Distress Scale (K10), a scale based on questions regarding negative emotional states experienced in the past 30 days (ABS 2012). Someone experiencing psychological distress will not necessarily be experiencing mental illness, although high scores on the K10 are strongly correlated with the presence of depressive or anxious disorders (Andrews and Slade 2001). As it is relatively straightforward to measure, 'high' and 'very high' levels of psychological distress are often used as a 'proxy' for the presence of mental illness.

In addition to mental disorder prevalence, the 2020–21 NSMHWB also measured psychological distress. It found that, among Australians aged 16–85, 15% experienced high or very high levels of psychological distress. Females aged 16–34 were more likely to experience psychological distress than males of this age group (26% compared to 14%) (ABS 2022a). Refer to the [data visualisation](#) for more detail.

Psychological distress and COVID-19

In the longitudinal study, *COVID-19 Impact Monitoring Survey Program*, researchers from the Australian National University found a substantial increase in the levels of psychological distress between February 2017 and April 2020, the equivalent of an increase of 8% to 11% of people reporting a serious mental illness. Increases in psychological distress were seen particularly for young Australian adults, with the proportion of people aged 18–24 experiencing high levels of psychological distress increasing from 14% in 2017 to 22% in April 2020 (Biddle et al. 2020).

Over the course of the pandemic, psychological distress has fluctuated, reaching highs in April 2020, October 2020 and October 2021. As of January 2022, psychological distress remained elevated compared to February 2017 (Biddle and Gray 2022).

Impact of mental illness on population groups

It is recognised that some groups experience higher rates of mental illness and psychological distress than others.

Aboriginal and Torres Strait Islander people

In 2018–19, among the total Indigenous Australian population, an estimated 24% (187,500) reported a mental health or behavioural condition, with a higher rate among females than males (25% compared with 23%, respectively). An estimated 31% reported experiencing high or very high levels of psychological distress in the previous 4 weeks (ABS 2019). More information can be found at [Australia's health 2020 – Indigenous health and wellbeing](#).

LGBTIQA+ Australians

Lesbian, gay, bisexual, transgender, intersex, queer/questioning and asexual Australians report lower health and wellbeing compared to Australians generally. A survey of LGBTIQA+ Australians, the *Private Lives survey*, has been conducted 3 times since 2005. The most recent survey, undertaken in 2020, attracted about 6,800 participants. Three fifths (61%) report having been diagnosed with depression and almost half (47%) with an anxiety disorder, while over half (57%) report experiencing high or very high levels of psychological distress within the past 4 weeks. Furthermore, only 59% of people who accessed a mainstream medical clinic felt that their sexual orientation was very or extremely respected, and only 38% thought that their gender identity was very or extremely respected (Hill et al. 2020). More information can be found at [Private Lives 3](#).

Australians with disability

Adults with disability generally experience higher psychological distress than those without disability. In 2017–18, it was estimated that 32% of adults with disability experienced high or very high psychological distress in the previous week, compared to 8% of the population without disability. People with psychological disability were the most likely to report high or very high psychological distress (76%), followed by people with intellectual disability (60%) (AIHW 2020). More information can be found at [People with disability in Australia](#).

Impact and burden of mental illness

Mental illness affects all Australians either directly or indirectly. Mental illness can vary in severity and be episodic or persistent in nature. An estimated 1 in 5 Australians experience mental illness in any given year, most of which will be mild (15% or an estimated 2.3 million Australians among the 15.3 million Australians) or moderate (7%, or an estimated 1.2 million people). It is estimated that around 5% or 800,000 people have a severe mental illness, of which 500,000 people have episodic mental illness and 300,000 have persistent mental illness (Productivity Commission 2020).

Burden of disease

Mental and substance use disorders, such as *Depression*, *Anxiety* and *Drug use*, are important drivers of disability and morbidity. The most recent Australian Burden of Disease Study (2018) examined the health loss due to disease and injury that is not improved by current treatment, rehabilitative and preventative efforts of the health system and society. For Australia, *Mental and substance use disorders* were estimated to be responsible for 13% of the total [burden of disease](#) in 2018, placing it 4th as a broad disease group after *Cancer* (18%), *Musculoskeletal conditions* (13%) and *Cardiovascular diseases* (14%) (AIHW 2021).

In terms of the non-fatal burden of disease, which is a measure of the number of years of 'healthy' life lost due to living with a disability, *Mental and substance use disorders* were the 2nd largest contributor (24%) of the non-fatal burden of disease in Australia, behind *Musculoskeletal conditions* (25%) (AIHW 2021).

Comorbidity

There is an association between diagnosis of mental illness and a physical disorder, often referred to as a '[comorbid](#)' disorder. From the 2007 NSMHWB of adults, 1 in 8 (12%) of people with a 12-month mental illness also reported a physical condition, with 1 in 20 (5%) reporting 2 or more physical conditions (ABS 2008).

According to the 2010 *National Psychosis Survey*, people with a psychotic illness also frequently experience poor physical health outcomes and comorbidities. For example, over one-quarter (27%) of survey participants had heart or circulatory conditions and over one-fifth (21%) had diabetes (compared with 16% and 6% respectively in the general population). This prevalence of *Diabetes* is more than 3 times the rate seen in the general population. Other comorbidities included *Epilepsy* (7% compared with 1% in the general population) and *Severe headaches/migraines* (25% compared with 9% in the general population) (Morgan et al. 2011).

Where do I go for more information?

More information on mental health can be found at:

- [Mental health services in Australia](#)
- [Australian Burden of Disease Study: impact and causes of illness and death in Australia 2018](#)
- [Council of Australian Governments Health Council Fifth National Mental Health and Suicide Prevention Plan](#)
- [Mental health services](#)

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Key concepts

Prevalence, impact and burden

Key Concept	Description
Burden of disease	Burden of disease is measured in disability-adjusted life years (DALYs)—years of life lost due to premature mortality (fatal burden) and years of healthy life lost due to poor health (non-fatal burden).
Comorbidity	Comorbidity refers to occurrence of more than 1 condition/disorder at the same time.
Prevalence	Prevalence measures the proportion of a population with a particular condition during a specified period of time (period/point prevalence), usually measured over a 12-month period or over the lifetime of an individual (lifetime prevalence).
