Perceived health status

Self-assessed health status reflects a person's perception of their own health. It is a useful measure of a person's current health status and provides a broad picture of a population's overall health (ABS 2019). It is, however, dependent on an individual's awareness and expectations about their health (Delpierre et al. 2009). Further, compared to more objective measures of health, people's perceptions of their own health status may incorporate broader aspects of health, including cultural wellbeing and community functioning.

In 2018–19, among Indigenous Australians aged 15 and over, it was estimated that:

- 45% (238,600) rated their health as ‘excellent’ or ‘very good’, another 32% (168,900) rated their health as ‘good’ and 24% (128,200) rated their health as ‘fair’ or ‘poor’. This health rating has improved since 2014–15 when 40% of Indigenous Australians rated their health as excellent or very good, 35% as good and 26% as fair or poor
- more males rated their health as ‘excellent’ or ‘very good’ than females (47% compared with 43%, respectively)
- across both Remote (Remote and Very remote) and Non-remote (Major cities, Inner regional and Outer regional) areas, 45% of Indigenous Australians rated their own health as ‘excellent’ or ‘very good’
- those living in Remote areas were more likely to rate their health as ‘good’ than those living in Non-remote areas (36% and 30% respectively). Similarly, those living in Remote areas were less likely to rate their health as ‘fair’ or ‘poor’ than those living in Non-remote areas (20% and 25% respectively) (Figure 1) (ABS 2019).

Based on age-standardised rates, the rate of non-Indigenous Australians reporting ‘excellent’ or ‘very good’ health was 1.4 times the rate for Indigenous Australians (ABS 2019).

This chart shows the proportion of Indigenous Australians aged 15 years and over who reported specific self-assessed health status by sex, state and remoteness area. Among Indigenous Australians, 44.6% rated their health as ‘excellent’ or ‘very good’—with males higher than females (46.6% compared with 42.7%, respectively). Those living in Very remote areas were most likely to report ‘excellent’ health, while those living in Inner regional areas were least likely to report ‘excellent’ health (18.7% compared with 13.5%, respectively).
Burden of disease analysis is a measure of the impact of different diseases or injuries on a population. It combines the years of healthy life lost due to living with ill health (non-fatal burden) with the years of life lost due to dying prematurely (fatal burden). Fatal and non-fatal burden combined are referred to as total burden, reported as the disability-adjusted life years (DALYs) measure.

Indigenous Australians experienced a burden of disease that was 2.3 times the rate of non-Indigenous Australians. There were 284 years lost due to premature death or living with illness per 1,000 Indigenous people in Australia, equivalent to 190,227 DALYs (AIHW 2016).

Chronic diseases caused 64% of the total disease burden among Indigenous Australians. These include cardiovascular diseases, mental and substance use disorders, cancer, chronic kidney disease, diabetes, vision and hearing loss and selected musculoskeletal, respiratory, neurological and congenital disorders (AIHW 2016).

Specifically, the leading causes of total disease burden experienced by Indigenous Australians were:
- mental and substance use disorders (19%)
- injuries (including suicide) (15%)
- cardiovascular diseases (12%)
- cancer (9.4%)
- respiratory diseases (7.9%) (AIHW 2016).

For more information see [Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011](https://www.aihw.gov.au/reports/burden-of-disease/illness-death-indigenous-australians/related-material).

Disability

A person has a disability if they have an impairment which restricts their everyday activities and has lasted, or is expected to last, for at least six months. (ABS 2019).

Indigenous Australians are at greater risk of disability due to higher prevalence of low birthweight, chronic disease, infectious diseases, injury and substance use (AIHW 2018).

In 2018–19, among the total Indigenous Australian population, an estimated 38% (306,100) had some form of disability that restricted their everyday activities, with 27% (220,300) reporting a core activity limitation or schooling/employment restriction and a further 11% (85,700) reporting an impairment with no specific limitation or restriction. Those living in Remote areas were less likely than those living in Non-remote areas to report a core activity limitation or schooling/employment restriction (21% and 28% respectively), however this may be influenced by under-reporting or lack of access to services in Remote areas (Figure 2) (ABS 2019). Based on age-standardised rates, Indigenous Australians reported a disability or restrictive long-term health condition in 2018–19 at 1.8 times the rate for non-Indigenous Australians (ABS 2019).

For more information about disability among Aboriginal and Torres Strait Islander Australians, and their use of specialist disability support services, see [Disability support for Indigenous Australians](https://www.aihw.gov.au/reports/australias-welfare/disability-support-for-indigenous-australians).
This chart shows the proportion of Indigenous Australians with a disability (or restrictive long-term health condition) by sex and remoteness area. Among Indigenous 27.1% reported a disability—with 8.1% reported a ‘profound/severe disability’ and 19% reported an ‘other disability’. Those living in Very remote areas were least likely to report a disability, while those living in inner regional areas were most likely to report a disability (20.6% compared with 30.7%, respectively).

Figure 2: Disability status for Indigenous Australians, by sex and remoteness, 2018–19

Long-term health conditions

Long-term health conditions and the social and economic consequences of these conditions may affect people’s quality of life and could contribute to premature mortality and morbidity.

In 2018–19, among Indigenous Australians it was estimated that:

- 67% (545,200) reported at least 1 current long-term health condition
- 38% (307,300) reported eye or sight problems
- 24% (187,500) reported a mental health or behavioural condition (Figure 3) (ABS 2019).

Indigenous Australians in Remote areas were less likely to report 1 or more current long-term health condition than those in Non-remote areas (56% compared with 70%), although this difference may be due to under-reporting or lack of access to services in these areas (ABS 2019).

The age-standardised proportion of people reporting 1 or more long-term health condition was similar for Indigenous and non-Indigenous Australians (ABS 2019).

This chart shows the proportion of Indigenous Australians with selected long-term health conditions, by sex and remoteness area. Among Indigenous Australians, 67% reported at least one selected current long-term health condition—with males less likely to report one or more long-term health condition than females (65.3% compared with 68.8%, respectively). ‘Eye/sight problems’ were the most commonly reported long-term health condition followed by ‘Mental and behavioural conditions’ (37.8% and 24.2%, respectively). Those living in Very remote areas were least likely to report one or more long-term health condition, while those living in Major cities were the most likely to report one or more long-term health condition (53.4% compared with 72.9%, respectively).
Social and emotional wellbeing is a holistic concept that includes mental health and illness but also encompasses the importance of connection to land, culture, spirituality and ancestry, and how these affect the wellbeing of the individual and the community (Gee et al. 2014).

This page focuses on available information relating to diagnosed mental health and behavioural conditions along with information on self-reported psychological distress. Broader measures around culture and connection to land are presented in the Profile of Indigenous Australians.

Mental health conditions include a wide range of disorders varying in severity. Self-reported data is from an ABS survey, in which respondents were asked if they had been diagnosed with a long-term mental health (for example depression and anxiety) and behavioural condition (for example alcohol and drug problems, attention deficit hyperactivity disorder, conduct disorders and schizophrenia).

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)
- anxiety was the most commonly reported mental health condition (17%), followed by depression (13%) (ABS 2019) (Figure 4).

This chart shows the proportion of Indigenous Australians who reported a mental health or behavioural condition, by age and sex. Among Indigenous Australians, 24.2% reports a mental health or behavioural condition—of those, ‘Anxiety’ was the most commonly reported followed by ‘Depression’ (16.5% and 13.3%, respectively). Males were less likely that females to report a mental health or behavioural condition (22.9% compared with 25.4%, respectively). Those aged 35 to 44 years were most likely to report a mental health or behavioural condition followed closely by those aged 25 to 34 years (31.8% and 30.4%, respectively).
Data on self-assessed psychological distress among Indigenous Australians are also available (Figure 5).

In 2018–19, among Indigenous Australian adults, an estimated:

- 66% reported ‘low or moderate’ levels of psychological distress, while 31% reported ‘high or very high’ levels.
- 32% of those living in Non-remote areas reported ‘high or very high’ levels of psychological distress, compared with 27% of those living in Remote areas (ABS 2019).

The rate of Indigenous Australians reporting ‘high or very high’ levels of psychological distress was 2.3 times the rate for non-Indigenous Australians, based on age-standardised rates (ABS 2019).

This chart shows the proportion of Indigenous Australian adults who reported ‘Low/moderate’ levels of psychological distress, by age, sex and remoteness area. Among Indigenous adults, 66% reported low/moderate distress levels – with males more likely to report low/moderate distress levels than females (70% compared with 63%, respectively). Those living in Major cities were most likely to report low/moderate distress levels, while those living in Inner regional areas were least likely to report low/moderate distress levels (64% compared with 61%, respectively).
For more information on Indigenous health and wellbeing, see:

- Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011
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Visit Indigenous Australians for more on this topic.

References


Related snapshots
- Health across socioeconomic groups [https://reports.australiashealth.health-across-socioeconomic-groups] | 23 Jul 2020
- Rural and remote health [https://reports.australiashealth/rural-and-remote-health] | 23 Jul 2020

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Figure 5: Low/moderate levels of psychological distress among Indigenous Australian adults, by sex and remoteness, 2018–19

<table>
<thead>
<tr>
<th>Topic</th>
<th>Sex</th>
<th>18–24</th>
<th>25–34</th>
<th>35–44</th>
<th>45–64</th>
<th>65 and over</th>
<th>Total 18 and over</th>
</tr>
</thead>
</table>

Notes:
1. Data in this figure have been randomly adjusted by the ABS to avoid the release of confidential data. Disparities may occur between some of the component items and totals.
2. Based on scores from the modified Kessler Psychological Distress Scale (K6).
Source: National Aboriginal and Torres Strait Islander Health Survey 2018–19.
http://www.aihw.gov.au

Figure 5 data table (133KB XLSX)

Where do I go for more information?
For more information on Indigenous health and wellbeing, see:

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References


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