

Prevalence, impact and burden of mental illness

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Key points

- **Almost half (45%)** of the population **aged 16–85** will experience a mental illness at some time in their life, with **1 in 5 (20%)** having experienced a common mental illness in the previous 12 months.
- **Anxiety disorders** (such as social phobia) are the most prevalent type of illness, afflicting **1 in 7 (14%)** of the population, followed by *Affective disorders* (such as depression) (6%), and *Substance use disorders* (such as alcohol dependence) (5%).
- **Almost 1 in 7 (14%)** children and adolescents **aged 4–17** years experienced a mental illness in the previous 12 months.
- **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.
- *Mental and substance use disorders* were the second largest contributor (24%) of the non-fatal burden of disease in Australia

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 *Depression*, *Anxiety* and *Substance use disorders* (ABS 2008).

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 studies 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.

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Survey of Adult Population (aged 16–85)

The 2007 National Survey of Mental Health and Wellbeing of adults provides information on the 12-month and lifetime prevalence of mental illness in the Australian population aged 16–85 years. The survey estimated that almost half (45%) of the population in this age range will experience a mental illness at some time in their life (about 8.7 million people based on the estimated 2017 population). It also estimated that 1 in 5 (20%) of the population had experienced a common mental illness in the previous 12 months (about 3.9 million people based on the estimated 2017 population). Of these, *Anxiety disorders* (such as social phobia) were the most prevalent, afflicting 1 in 7 (14%) of the population, followed by *Affective disorders* (such as depression) (6%), and *Substance use disorders* (such as alcohol dependence) (5%) (ABS 2008).

The [Intergenerational health and mental health study](#) commenced in 2021. The Mental Health Study will measure the prevalence of mental illnesses for the first time since 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 of Mental Health and Wellbeing commenced data collection from the first cohort in December 2020 (ABS 2021). Comprehensive data are expected to be available in June 2022.

Another source of information about the mental health of Australians is the Australian Bureau of Statistics' (ABS) *National Health Survey* (NHS) 2017–18, 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 National Health Survey estimates are based on self-reported data, 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 National Health Survey 2017–18 estimated that 1 in 5 (20%) Australians reported that they had a mental or behavioural condition during the collection period (July 2017 to June 2018) (ABS 2019b). The National Health Survey was conducted again in 2021, with data yet to be released at the time of writing.

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 based on the estimated 2017 population), followed by *Anxiety disorders* (7% or about 293,000), major *Depressive disorder* (3% or about 119,000) and *Conduct disorder* (2% or about 89,000)— see Figure 1.

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 those aged 12–17) than for younger females (11% for those aged 4–11). 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).

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. Psychological distress is commonly measured using the Kessler 10 (K10), a psychological distress 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 Kessler 10 Psychological Distress Scale (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 2017–18, 13% or 2.4 million Australians aged 18 and over experienced high or very high levels of psychological distress, which is higher compared to 2014–15 (12% or 2.1 million Australians). High or very high levels of psychological distress were more often reported by females than males in 2017–18 (15% and 11% respectively). Of all age groups, young people (aged 18–24) were most likely to experience high or very high levels of psychological distress (15%) (ABS 2019b).

In a 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).

Vulnerable groups

It is well 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 2019a). 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 LGBTIQ Australians, the Private Lives survey, has been conducted 3 times since 2005. The most recent survey, undertaken in 2020, attracted 6,835 participants. Three fifths (60.5%) report having been diagnosed with depression and almost half (47.2%) with an anxiety disorder, while over half (57.2%) report experiencing high or very levels of psychological distress within the past 4 weeks. Furthermore, only 58.6% of people who accessed a mainstream medical clinic felt that their sexual orientation was very or extremely respected, and only 37.7% 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 a disability

Adults with disability generally experience higher psychological distress than those without disability. In 2017–18, it was estimated that 31.7% of adults with disability experienced high or very high psychological distress in the previous week, compared to 8.0% of the population without disability. People with a psychological disability were the most likely to report high or very high psychological distress (76%), followed by people with an 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. One 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).

Mental and substance use disorders, such as *Depression*, *Anxiety* and *Drug use*, are important drivers of disability and morbidity. The 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 2015, 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).

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). The prevalence of *Diabetes* found in the National Survey of People Living with Psychotic Illness is more than 3 times the rate seen in the general population. Other comorbidities included *Epilepsy* (7% compared with 0.8% in the general population) and *Severe headaches/migraines* (25% compared with 9% in the general population) (Morgan et al. 2011).

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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).