3 Depression indicators

Chapters 1 and 2 provide an overview of the epidemiology of mental health and depression in Australia across a broad range of issues. Most of the information included is descriptive in nature, compiled to provide a status report on the burden of depression in the community. Where available, time-series information has also been included to show trends. Information from one-off collections has also been used to profile mental disorders, in particular depression, in Australia.

This chapter summarises the burden of depression in Australia using a set of priority indicators. These indicators—specific to the NHPA initiative that takes a *goals and targets* approach to health monitoring, with time-series used for measuring health outcomes—have standard definitions, and have been designed to extract information on various aspects of the disorder. The NHPA indicators differ from other types of health indicators in that they are forward looking, provide indirect information about future achievements based on historical trends, and can be linked to strategies for achieving set targets.

These indicators have been developed and prioritised using a set of criteria. A resolute criterion used in developing these indicators has been that the relevant data are being collected on a regular basis, or that there is a commitment to put systems in place to collect that information, so that trends over time can be monitored. It was also considered desirable that the indicators reflect social goals. This required taking an integrated approach to health monitoring by tying the NHPA indicators to outcomes for social justice and access issues.

The most important feature of NHPA indicators is their wide ownership. Developed with multi-stakeholder input, these indicators are likely to be influential, valid and reliable measures for monitoring progress towards better health outcomes in Australia.

3.1 List of NHPA indicators

The indicators listed in Table 3.1 have been developed by the AIHW following consultations with various stakeholders.

Table 3.1: Depression indicators for biennial NHPA reporting

Number	Indicator	Reported in 1998
1	**Prevalence of anxiety and depression**	
1.1	Prevalence rates for anxiety and depression symptoms in: a) general population b) children and adolescents c) adults	 ✘
1.2	Prevalence rates for depressive disorders in: a) general population b) children and adolescents c) adults	 ✔
1.3	Prevalence rates for anxiety disorders in: a) general population b) children and adolescents c) adults	 ✔
1.4	Prevalence rates for women who have given birth and who experience post-partum depression over the following year	✘

(continued)

Table 3.1: Depression indicators for biennial NHPA reporting (continued)

Number	Indicator	Reported in 1998
2	**Suicide and self-inflicted injury**	
2.1	Hospital separation rates for suicide and self-inflicted injury among:	
	a) young adults, aged 15–24 years	
	b) older people, aged 65 years and over	✔
2.2	Death rates for suicide among:	
	a) young adults, aged 15–24 years	
	b) older people, aged 65 years and over	✔
2.3	Death rates for suicide in rural and remote areas among:	
	a) young adults, aged 15–24 years	
	b) older people, aged 65 years and over	✔
3	**Mental health literacy and awareness**	
3.1	Proportion of persons in the general community who:	
	a) recognise the symptoms of depressive disorders	
	b) rate treatment of depression as helpful	✘
4	**Best practice**	
4.1	Proportion of general practitioners who know and apply best practice guidelines for the identification and management of depression	✘
4.2	Proportion of perceived medication needs met among persons:	
	a) with depressive disorders	
	b) without depressive disorders	✘

Note: '✘' indicates that national information for the indicator was not available for 1998 reporting.

3.2 Trend spotting: indicator-based summary statistics

This section uses the NHPA indicators to provide a short summary of the impact of depression on the health of Australians, as well as emerging trends. Greater detail regarding each indicator is provided in Appendix 1.

The indicators described below cover two major aspects, the prevalence of depression and anxiety, and suicide and self-inflicted injuries.

Prevalence of anxiety and depression

Indicator 1.2: Prevalence rates for depressive disorders

- According to the 1997 SMHWB, almost six per cent of adults aged 18 years and over suffer from depressive disorders. The rate is much higher among females than males.

Indicator 1.3: Prevalence rates for anxiety disorders

- The prevalence rates for anxiety disorders are higher than the rates for depressive disorders, being almost 10 per cent among adults. Similar to depressive disorders, the rates are higher among females.

Suicide and self-inflicted injuries

Indicator 2.1: Hospital separation rates for suicide and self-inflicted injury

- Hospital separation rates for suicide and self-inflicted injury are higher among females aged 15–24 years than their male counterparts. The rates are also much higher among young adults (15–24 years), than those aged 65 years and above.

Indicator 2.2: Death rates for suicide

- Suicide rates are much higher among males than females, by a ratio of almost 6:1 in the age group 15–24 years and by a ratio of 5:1 among those aged 65 years and over. While suicide rates have shown downward trends among those aged over 65 years, no such trends are noted among young adults.

Indicator 2.3: Death rates for suicide in rural and remote Australia

- Suicide rates in Australia are higher as one travels away from large metropolitan centres to rural and remote areas. The relative increase is much higher among males aged 65 years and over in comparison to their female counterparts. The RRMA classification differentials for the older people are also much higher than those noted for young adult males (15–24 years).

The above indicators provide some information about depression and its impact in Australia. Since the information is based on limited time-series, no clear picture of depression trends in Australia emerges.