3.11 Mental health

Mental health is a state of wellbeing in which an individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO 2014). While most Australians enjoy good mental health, a significant proportion of the population will experience mental illness at some time throughout their lives. This will affect how they think, behave and interact with those around them.

Australia's National Survey of Mental Health and Wellbeing is a program of three targeted mental health epidemiological surveys. Together, these surveys provide a detailed view of the prevalence of mental health issues in Australia:

i. **National Survey of Mental Health and Wellbeing** (conducted most recently in 2007). Around 7.3 million (45%) of Australians aged 16–85 will experience a high prevalence mental disorder, such as depression, anxiety or a substance use disorder in their lifetime (ABS 2008). The age distribution of high prevalence mental disorders in 2007 was similar to that found 10 years earlier from the same survey conducted over 1997 or 1998 (depending on age group) (see Figure 3.11.1.)

ii. **National Survey of People with Psychotic Illness** (conducted most recently in 2010). Almost 64,000 people with a psychotic illness are in contact with public specialised mental health services each year (Morgan et al. 2011). The survey did not cover private service providers such as private psychiatrists, psychologists and private hospitals.

iii. **Australian Child and Adolescent Survey of Mental Health and Wellbeing**, also known as Young Minds Matter (conducted most recently in 2012–13). Analysis from the survey estimates that 560,000 children and adolescents aged 4–17 (almost 14%) experienced mental health disorders in 2012–13 (Lawrence et al. 2015) (see ‘Chapter 5.5 Mental health of Australia’s young people and adolescents’).

While the National Survey of Mental Health and Wellbeing provides valuable insights, the severity of a mental illness is a critical factor in understanding the impact of mental illness, both on an individual and on society as a whole. While severe and persistent mental illness, such as psychosis, has a relatively low prevalence, it contributes substantially to the impact of mental illness on society, due to the ongoing and sometimes extensive care needs required to support the individual.

A person experiencing poor mental health may not meet the diagnostic criteria for a mental disorder (Slade et al. 2009), but may still experience a negative impact on their life. Poor mental health may also be associated with suicidality—the collective term for suicidal ideation, suicide plans and suicide attempts. While suicidality is more common in people with mental disorders, it is not confined solely to this group (Slade et al. 2009).

People who experience suicidal ideation and make suicide plans are at increased risk of attempting suicide (see Glossary). At some point in their lives, 13% of Australians aged 16–85 have experienced suicidal ideation, 4.0% have made suicide plans and 3.3% have attempted suicide (Slade et al. 2009). From 2004 to 2013, an average of 2,300 Australians died by suicide each year (ABS 2015).
Figure 3.11.1: Proportion of Australians with high prevalence mental disorders, by age, 1997 and 2007

<table>
<thead>
<tr>
<th>Age group</th>
<th>1997</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>6–17</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>16/18–24</td>
<td>20</td>
<td>25</td>
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<td>25–34</td>
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<td>20</td>
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<td>35–44</td>
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<td>15</td>
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<tr>
<td>45–54</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>55–64</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>65+</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Per cent

Notes
1. For the 6–17 age group, the data are for 1998 and 2013–14.
2. For the 16/18–24 age group, the 1997 data relate to people aged 18–24 and the 2007 data to people aged 16–24.
3. Prevalence data from the National Survey of People with Psychotic Illness are not included in this figure.
4. Some caution should be exercised in comparing findings from the two adult surveys because they sampled from slightly different age ranges and used somewhat different approaches to gauge the presence of mental illness in the past 12 months. It may be the case that these methodological differences account for the small increase in overall prevalence over time.

Sources: DoHA 2013; Lawrence et al. 2015.

What is missing from the picture?
The Australian Child and Adolescent Survey of Mental Health and Wellbeing, conducted in 2013–14, filled the gap in contemporary information about the extent and impact of mental illness on children and adolescents.

Given the passage of time since the last adult survey of mental health was conducted, consideration of cost-effective methods to update prevalence information about Australian adults is indicated.

Where do I go for more information?
More information on mental health in Australia is available on the Mental Health Services in Australia website at mhsa.aihw.gov.au and in the Suicide and hospitalised self-harm in Australia: trend and analysis report.

Services available for people at risk of suicide are:
Lifeline 13 11 14 www.lifeline.org.au
Suicide Call Back Service 1300 659 467 www.suicidecallbackservice.org.au
References


