Monitoring National Health Priority Areas in WA — Mental Health Problems

WA Health and Wellbeing Surveillance System Epidemiology Branch

Key Implications from this bulletin

The results in this bulletin suggest that there are opportunities for health gains by:

- reducing the prevalence of children being treated for an emotional or behavioural problem.

The results also suggest that strategies should raise awareness of:

- the association between depression, anxiety and BMI
- the association between anxiety, depression and financial burden
- the association between being widowed and being anxious or depressed
- the association between anxiety and depression and poor mental and physical functioning.

Bulletin No.4

Delivering a **Healthy WA**

Some facts about Mental Health Problems

Mental health problems and disorders occur when an individual is not able to negotiate the daily challenges and social interactions of life without undue emotional or behavioural incapacity.[1] In WA, mental health disorders currently account for around 16% of the total burden of disease and by 2016 are expected to have moved from the third to the second highest cause of disease burden.[2] In 2003–04, mental health disorders resulted in 24,453 hospitalisations in WA.[3]

Mental health problems and disorders include psychotic illnesses such as schizophrenia and non-psychotic illnesses such as anxiety. The initial focus of the National Mental Health Strategy is on preventing and managing depression and anxiety disorders.[4] The purpose of this bulletin is to provide information on the status of these indicators in the WA population using information collected by the WA Health and Wellbeing Surveillance System.[5]

The WA Health and Wellbeing Surveillance System annually surveys over 6500 Western Australians of all ages. Information is collected on a wide range of health and wellbeing issues, health conditions, lifestyle risk factors, protective factors and socio-demographics.

National mental health indicators investigated in this bulletin include:

- the prevalence of anxiety and depression symptoms
- the prevalence of depressive and anxiety conditions
- the prevalence of emotional or behavioural problems in children.

Self-reported prevalence of anxiety and depression

Table 1 presents these indicators for the WA population in 2005. The Kessler 10 scale is used to estimate the percentage of the population (prevalence) that have symptoms of anxiety and depression. The prevalence of anxiety and depression is presented in three ways:

- the percentage of people who had ever been diagnosed with anxiety or depression
- the percentage of people who had been diagnosed within the last twelve months
- the percentage of people who were being treated for anxiety or depression.

The results indicate that across all three estimates of prevalence, women are significantly more likely than men to report being diagnosed with depression and anxiety. These gender differences are consistent with previous national and international findings.[1,6]

Table 1 Prevalence of doctor-diagnosed anxiety or depression[7] in the general population, by sex, WA, 2005

Indicator	Males %	Females %	Estimated no. of people
Prevalence of high or very high psychological distress in past 4 weeks	6.6	9.3	124,115
Prevalence of ever having doctor-diagnosed depression	11.6	21.6	258,346
Prevalence of being diagnosed with depression in the last 12 months	3.6	7.5	77,188
Prevalence of still having depression or currently having treatment for depression	2.0	5.1	49,406
Prevalence of ever having doctor-diagnosed anxiety	8.3	15.7	186,606
Prevalence of being diagnosed with anxiety in the last 12 months	2.7	6.3	62,579
Prevalence of still having depression or currently having treatment for depression	2.7	5.9	59,321

Table 2 presents the prevalence of emotional, concentration, behaviour or social problems in children aged between one and fifteen years in WA in 2005.[8] The prevalence is estimated in three ways:

- the percentage of children with any degree of emotional, concentration, behavioural or relationship problems
- the percentage of children who have 'quite a lot' or 'very much' trouble with emotions, concentration, behaviour or relationship problems
- the percentage of children who have had treatment for an emotional or behavioural problem.

Table 2 Prevalence of children who have some degree of trouble with emotions, concentrating, behaviour or getting on with other people, by sex, WA, 2005

Indicator	Boys %	Girls %	Estimated no. of children
Prevalence of any emotional or behavioural problems	40.6	28.7	143,117
Prevalence of 'quite a lot' or 'very much' emotional or behavioural problems	9.3	5.5	30,618
Prevalence of children who have received some form of treatment for an emotional or behavioural problem	6.7	4.5	23,140

Overall, the results show that for 2005, seven out of every 100 people either reported being anxious or depressed or were on treatment for anxiety, depression or emotional/behavioural problems. It is likely that these estimates considerably under-represent the problem as research has shown that upwards of 60% of people with symptoms have not been to a health professional to have their problem diagnosed.[9]

Quality of life and mental health problems

Information on the wellbeing of the population is provided by the SF8[10] and a general 'rate your health' question. Figure 1 compares the rating of health in general for people with and without anxiety or depression.

Figure 1 Health Status of those with and without anxiety/depression, WA, 2005

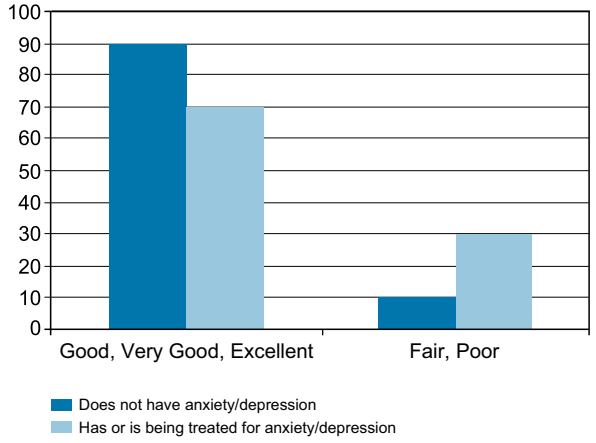

Figure 2 Mean Physical and Mental Component Scores for those with and without anxiety/ depression, WA 2005

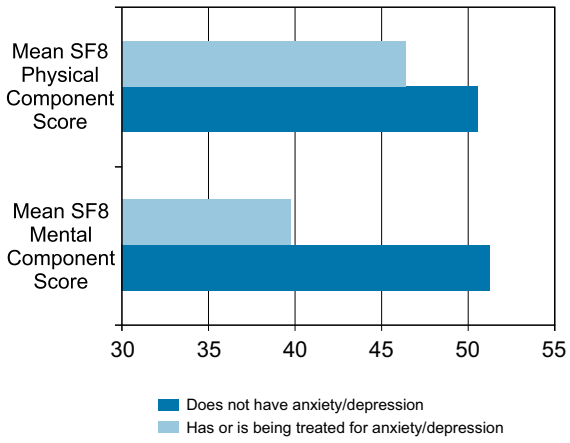

Figure 2 compares the mean scores for day-to-day physical and mental functioning (SF8), for people currently living with and without anxiety/depression.

Three times as many people who report being diagnosed with anxiety or depression (or being treated for these) rate their health as fair to poor (30.7%) compared with those who are not diagnosed as anxious or depressed (10.6%). Figure 2 shows that both mental and physical functioning is significantly lower in those currently experiencing anxiety or depression compared with those who are not. These results indicate that being anxious or depressed has a considerable impact on people's wellbeing and quality of life.

Associates of self-reported anxiety and depression

Table 3 shows what characteristics are significantly associated with an increased likelihood of reporting diagnosed anxiety or depression or being treated for it. The Odds Ratio is an indication of the degree of association.

Table 3 Characteristics associated with an increased likelihood of currently having depression/ anxiety or being treated for it, persons aged 16 years and older, WA, 2005

	Odds Ratio
Don't have enough money to get by each week	5.47
Have just enough money to get by each week	5.42
Often or always feel a lack of control over health	4.50
Often or always feel a lack of control over life in general	3.39
Widowed	2.59
Often or always feel a lack of control over personal life	2.43
Female	2.40
Number of different kinds of stressors experienced in 12 month period	1.28
Body Mass Index	1.03

- Having some financial difficulties, independent of income, increased the likelihood of currently having diagnosed anxiety or depression (or being treated for the condition) by up to five times compared with those who do not have financial difficulties.
- Feeling a lack of control over health, life in general or personal life also significantly increases the likelihood of having diagnosed anxiety or depression (or being treated).

- Females and those widowed were 2.5 times more likely to report currently having diagnosed anxiety or depression (or being treated).
- Having a number of different kinds of stressors in the previous 12 months and increased Body Mass Index also increased the likelihood of anxiety or depression (or being treated). For every increase in the Body Mass Index, there is a three per cent increase in the likelihood of reporting diagnosed anxiety or depression.

Trends over time

Table 4 shows whether or not there have been changes in the prevalence indicators since 2002. Using time series analysis, the data show that over time, there have been significant changes in three of the six indicators.

Table 4 Changes in indicator trends over time, 2002 to 2005[11]

	Favourable Trend	Little/no change	Unfavourable Trend
Prevalence of high or very high psychological distress	✔		
Prevalence of the mean level of psychological distress	✔		
Prevalence of currently having treatment for anxiety		✔	
Prevalence of currently having treatment for depression		✔	
Prevalence of 'quite a lot' or 'very much' emotional or behavioural problems		✔	
Prevalence of children who have received some form of treatment for an emotional or behavioural problem			✔

- The prevalence of high and very high levels of psychological distress and the overall mean level of psychological distress have decreased significantly since 2002.
- The prevalence of currently having treatment for anxiety and depression and the prevalence of emotional problems in children have not significantly changed since 2002.
- The prevalence of children who have been treated for an emotional or behavioural problem has significantly increased since 2002.

End Notes and References

1. NHPA Report on Mental Health 1998: A Report Focusing on Depression, http://www.aihw.gov.au/publications/index.cfm/title/4482
2. WA Burden of Disease Bulletin No. 1 (Burden of Disease in WA: An Overview) and No. 7 (Projected disease burden for WA 2016).
3. Produced from the Hospital Morbidity Data System, DOH, December 2005.
4. Australian Health Ministers (1992) National Mental Health Strategy (renewed in 1998). This strategy is a joint initiative of the Australian and State and Territory governments to improve mental health outcomes for the community.
5. For more information on the WA Health and Wellbeing Surveillance System contact the Epidemiology Branch or visit the Epidemiology website: http://intranet.health.wa.gov.au/hic/epidemiology/new_epi/publications/index.asp
6. World Health Organisation — Gender and Mental Health http://www.who.int/gender/other_health/en/genderMH.pdf
7. People may report having both anxiety and depression. The figures on the table reflect the proportion of people who said that they have been diagnosed with anxiety and the proportion of people who reported that they had been diagnosed with depression.
8. Information about children is provided by a parent or carer.
9. Australian Bureau of Statistics — Mental Health and Wellbeing: Profile of Adults, Western Australia http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/Lookup/CA25687100069892CA256888001EB9DD/$File/43265_1997-98.pdf
10. The SF8 is an internationally recognised measure of the effect of physical and mental conditions on functioning. Scores are standardised with a mean of 50 and a standard deviation of 10. For more information see http://www.sf-36.org/tools/sf8.shtml
11. Changes over time were assessed using SPSS V14.0 Time Series and Linear Regression.

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