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Mental Health and Wellbeing: Profile of Adults

Western Australia

1997–98

Colin Nagle
Regional Director

AUSTRALIAN BUREAU OF STATISTICS

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CONTENTS

	Page
EDITORIAL	
Preface	v
Introduction	1
Summary of findings	5
List of tables	16
ADDITIONAL INFORMATION	
Explanatory notes	43
Appendix 1—Brief Disability Questionnaire	51
Appendix 2—Short Form-12	53
Technical notes	54
Glossary	58
Bibliography	62

PREFACE

This publication presents selected Western Australian results from the 1997 National Survey of Mental Health and Wellbeing of Adults. The results are based on the national survey, conducted from May to August 1997, and an additional Western Australian survey, conducted from September 1997 to May 1998. Summary information is included on the prevalence of selected mental disorders, the level of disability associated with these disorders, and health services used and help needed as a consequence of a mental health problem for Western Australians aged 18 years or more.

The national survey was an initiative of, and funded by, the Commonwealth Department of Health and Aged Care (formerly the Department of Health and Family Services) as part of the National Mental Health Strategy. The Western Australian survey was an initiative of, and funded by, the Health Department of Western Australia.

Expert groups, comprising representatives from a range of eminent research, clinical and academic organisations, provided advice on the survey content and design. These included the World Health Organization (WHO) Training and Reference Centre for CIDI (The WHO Centre) at the University of New South Wales, the National Health and Medical Research Council Psychiatric Epidemiology Research Centre at the Australian National University, the National Drug and Alcohol Research Centre at the University of New South Wales, the Departments of Psychiatry at the Universities of Western Australia, Melbourne and Adelaide, along with the Australian Institute of Health and Welfare.

The Composite International Diagnostic Interview (CIDI), a standard questionnaire endorsed by the WHO, was selected as the basis for developing the diagnostic component of the survey. The WHO Centre in Australia provided a computer-based survey instrument incorporating the CIDI and specific modules to collect data on disability and health service use. A Technical Advisory Committee, comprising Professor Scott Henderson (Chair), Professor Gavin Andrews, Professor Wayne Hall, Professor Helen Herrman, Professor Assen Jablensky, and Professor Robert Kosky, endorsed the validity of the survey instrument. The Australian Bureau of Statistics (ABS) tested the instrument under household survey conditions.

ABS publications draw extensively on information provided freely by individuals, businesses, governments and other organisations. Their continued cooperation is very much appreciated: without it, the wide range of statistics published by the ABS would not be available. Information received by the ABS is treated in strict confidence as required by the *Census and Statistics Act 1905*.

Colin Nagle
Regional Director

INTRODUCTION

INTRODUCTION

The designation of mental health by the Commonwealth Government and State and Territory Governments as one of the five National Health Priority Areas is recognition of its social and public health importance. In addition to the pain and disability which may be suffered by individuals, mental illness may also burden their families considerably (Human Rights and Equal Opportunities Commission 1993).

Mental health relates to emotions, thoughts and behaviours. A person with good mental health is generally able to handle day-to-day events and obstacles, work towards important goals, and function effectively in society. However, even minor mental health problems may affect everyday activities to the extent that individuals cannot function as they would wish, or are expected to, within their family and community. Consultation with a health professional may lead to the diagnosis of a mental disorder.

Diagnoses of mental disorders presented in this publication are based on the International Classification of Diseases — 10th revision (ICD-10), Classification of Mental and Behavioural Disorders. According to the ICD-10, a mental disorder implies 'the existence of a clinically recognisable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions' (WHO 1992, p. 5).

BACKGROUND

The economic and personal costs of mental illness are major social and public health issues. In 1992 the Commonwealth Government and State and Territory Governments of Australia endorsed the National Mental Health Strategy (NMHS). These Governments have made a commitment through the NMHS to improve the lives of people with mental illness and of the people who care for them. The strategy aims to:

- promote the mental health of the Australian community;
- where possible, prevent the development of mental health problems and mental disorders;
- reduce the impact of mental disorders on individuals, families and the community; and
- assure the rights of people with mental disorders.

In developing the strategy it was recognised that there was a lack of adequate mental health research and data on the prevalence of mental disorders and the welfare of mentally ill people in the community. In December 1994 a workshop commissioned by the then Commonwealth Department of Health and Family Services (HFS) recommended the conduct of a national survey of mental health and wellbeing to meet this need. The survey was to comprise three components: an adult study; a child and adolescent study; and a study of low prevalence (psychotic) disorders, such as schizophrenia.

Subsequently, HFS commissioned the Australian Bureau of Statistics (ABS) to conduct the adult component of the survey. Results will assist monitoring initiatives of the NMHS and provide an Australian baseline against which future activity can be compared and evaluated.

FEATURES OF ADULT SURVEY

The 1997 National Survey of Mental Health and Wellbeing of Adults (SMHWP) was conducted from May to August 1997 from a representative sample of persons living in private dwellings in all States and Territories of Australia. At the request of the Health Department of Western Australia, an additional Western Australian survey was conducted from September 1997 to May 1998 in order to increase the total sample. Approximately 5,400 private dwellings were initially selected in the combined Western Australian survey sample. One person aged 18 years or over from each dwelling was subsequently invited to participate. Approximately 4,400 people aged 18 years or over participated in the survey, representing a response rate of 82%. The SMHWP was conducted under the *Census and Statistics Act 1905* on a voluntary basis.

The SMHWP was designed to provide information on the prevalence of a range of major mental disorders for Australian adults. The range of mental disorders included in this survey was determined by a Technical Advisory Committee, taking into consideration: disorders that were expected to affect more than 1% of the population; the capacity of the Composite International Diagnostic Interview (CIDI) to diagnose selected mental disorders; and the limitations of a household survey identifying relevant population groups.

Other survey topics included:

- a range of demographic and socioeconomic characteristics;
- physical conditions;
- disability associated with mental disorders;
- health service use for a mental health problem; and
- perceived need for health services for a mental health problem.

MEASURING MENTAL HEALTH

Measuring mental health in the community through household surveys is a complex task, as mental disorder is usually determined through clinical diagnoses. For the SMHWP the diagnostic component of the interview was administered through a modified version of the CIDI. This is a comprehensive interview for adults which can be used to assess current and lifetime prevalence of mental disorders through the measurement of symptoms and their impact on day-to-day activities. The World Health Organization Training and Reference Centre for CIDI in Australia, contracted by the then HFS, developed a computerised version of the CIDI for the SMHWP.

MEASURING MENTAL HEALTH *continued*

To enable the diagnosis of a particular mental disorder, as reported in this publication, the CIDI translates the criteria of the ICD–10 into sets of questions that can be readily answered by the general adult population. The CIDI identifies potential symptoms of mental health problems and probes these symptoms to identify the level of severity (or clinical significance) and eliminates those which are always caused by physical intervention such as drugs, medicines, alcohol, illness or injury. Specific combinations of appropriate symptoms may lead to the diagnosis of a specific mental disorder (e.g. depression). Further details on criteria for mental disorder diagnosis are contained in *National Survey of Mental Health and Wellbeing of Adults: Users' Guide, 1997* (ABS Cat. no. 4327.0).

SELECTED MENTAL DISORDERS

As noted earlier the survey collected information on a range of major mental disorders, but did not attempt to cover all disorders. Prevalence rates for the following mental disorders are presented in this publication:

- Anxiety disorders
 - ◆ Panic disorder
 - ◆ Agoraphobia
 - ◆ Social phobia
 - ◆ Generalised anxiety disorder
 - ◆ Obsessive-compulsive disorder
 - ◆ Post-traumatic stress disorder
- Affective disorders
 - ◆ Depression
 - ◆ Dysthymia
- Alcohol use disorders
 - ◆ Harmful use
 - ◆ Dependence
- Drug use disorders

DATA INTERPRETATION

The survey instrument also incorporates additional CIDI modules which provide a set of screening questions for other mental disorders such as personality disorders. These modules provide an indication of whether a disorder may be present. However, they do not collect sufficient information to determine whether the criteria for a diagnosis of a mental disorder by the CIDI are met. As a diagnosis for these mental disorders is not made, the overall prevalence rates of mental disorder presented in this publication may underestimate the extent of mental disorder in Western Australia.

The CIDI is a structured interview for diagnosis of mental disorder for research purposes. The CIDI can inform a clinician's diagnosis but not replace it. Estimates of mental disorders presented in this publication are not clinical diagnoses and are therefore dependent on the accuracy of diagnosis based on survey data.

It is possible that modification of the CIDI, the introduction of ICD-10, and the incorporation of additional modules for the SMHWB may have introduced problems which have not yet been identified. Since the release of the initial publication, *Mental Health and Wellbeing: Profile of Adults, Australia, 1997* (ABS Cat. no. 4326.0), it has emerged that the survey instrument did not correctly establish diagnoses of mania, hypomania, and therefore bipolar affective disorder (see paragraph 30 of the Explanatory Notes).

The questions used in this survey to collect data on labour force status and educational qualifications are not precisely the same as those used in other ABS surveys. As such, these data items are not exactly comparable with those in other ABS surveys, but they do provide an indication of an individual's status and they are sufficient to associate with mental health status.

FURTHER INFORMATION

This publication contains only a selection of the information from this survey. A confidentialised unit record file (CURF) will be available containing a more limited range of variables than provided on the CURF from the national survey. Special tabulations can be produced by the ABS on request — see the advertisement at the back of this publication.

SUMMARY OF FINDINGS

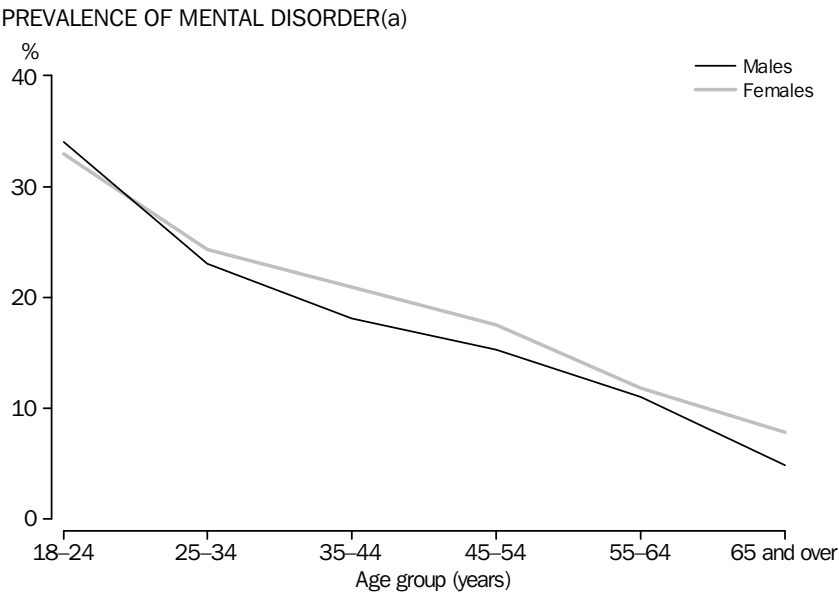
PREVALENCE

Mental disorders

The Human Rights and Equal Opportunity Commission (1993, pp. 908, 925) concluded that people with mental illness are among the most vulnerable and disadvantaged in our community; they may experience stigma and discrimination in many aspects of their lives. Mental illness can be transient; some people experience their illness only once and fully recover. For others, it recurs throughout their lives. For this survey, the prevalence of mental disorders relates to any occurrence of selected disorders during the 12 months prior to the survey. The Western Australian data reveals similar patterns to those in evidence across Australia as a whole (see *Mental Health and Wellbeing of Adults, Australia, 1997* (ABS Cat. no. 4326.0)).

Many Western Australian adults enjoy good mental health. Nevertheless, almost one in five (19%) had a mental disorder at some time during the 12 months prior to the survey. The prevalence of mental disorder generally decreased with age. Young adults aged 18–24 years had the highest prevalence of mental disorder (34%), declining steadily to 6% of those aged 65 years and over (see table 2).

Men and women had similar overall prevalence rates of mental disorder. However, from age 25 years women were slightly more likely to have a mental disorder than men (see table 2).



(a) Mental disorders from the major groups: anxiety, affective and substance use disorders.

Types of mental disorders

While men and women had similar overall prevalence rates there were differences by type of mental disorder. Women were about twice as likely as men to have experienced anxiety disorders (13% compared with 7%) and affective disorders (9% compared with 4%). On the other hand, men were more than twice as likely as women to have substance use disorders (13% compared with 5%) (see table 2).

Anxiety disorders include conditions which involve feelings of tension, distress or nervousness, such as post-traumatic stress disorder. The highest rate of anxiety disorders (17%) was observed among women aged 18–24 years. For women, the prevalence of anxiety disorders declined with age to 7% of those aged 65 and over. For men, the prevalence of anxiety disorders was highest (11%) for those aged 45–54 (see table 2). For both men and women, post-traumatic stress disorder and generalised anxiety disorder were the most common anxiety disorders (see table 1).

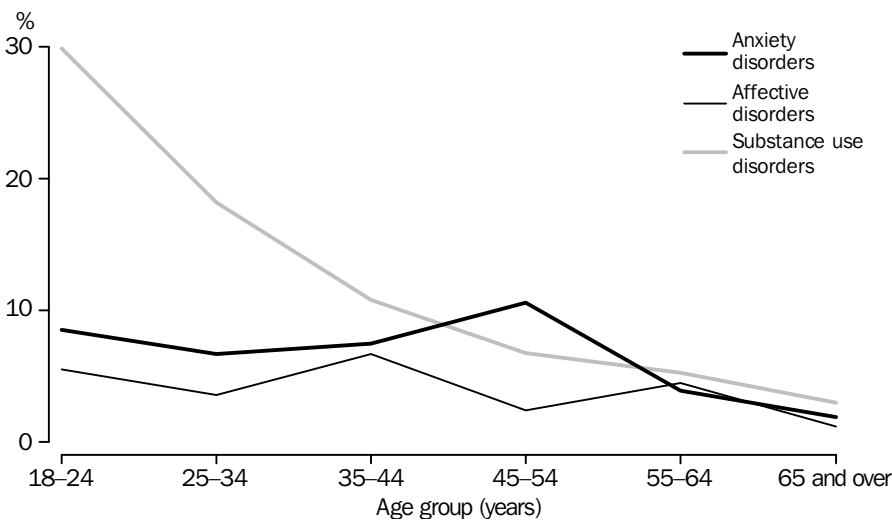
The prevalence of affective (mood) disorders was highest at 16% for women aged 18–24 years, almost three times the rate for men of this age. For women, the prevalence of affective disorders declined with age while for men, the rate peaked at 7% of those aged 35–44 (see table 2).

Most people with an affective disorder met the criteria for depression (93% of women and 86% of men) (see table 1). People who are depressed lose their enjoyment of life, lack energy and concentration, and may suffer sleep and appetite disturbances.

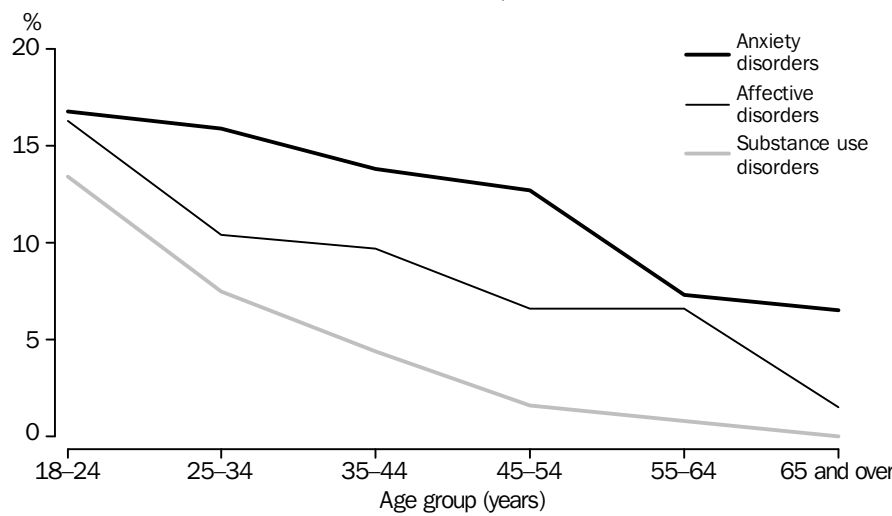
The survey obtained information on the use of alcohol and four groups of drugs which included both illegal and prescription drugs. Young men were particularly prone to substance use disorders, with almost one in three of those aged 18–24 being affected. For both men and women the prevalence of substance use disorders declined with age to 1.5% of those aged 65 years and over. Alcohol use disorders were more than twice as common as drug use disorders (see tables 1 and 2).

SUMMARY OF FINDINGS *continued*

PREVALENCE OF TYPES OF MENTAL DISORDERS, Males



PREVALENCE OF TYPES OF MENTAL DISORDERS, Females



SUMMARY OF FINDINGS *continued*

Age standardisation

Because mental disorder is age-related, when examining the effect of factors such as household size, marital status and labour force status (all of which are also age-related) it is useful to adjust the data to control for age. This is done by calculating age standardised prevalence rates. For further information see paragraphs 35–37 of the Explanatory Notes.

Living arrangements

Mental illness can have a disruptive influence in personal relationships. Sometimes the stigma and ignorance surrounding mental disorder lead to isolation. A lack of social contact can be as damaging and painful as the disorder itself. The burden of care borne by the families of those affected by mental disorder places pressure on family relationships, and can contribute to family breakdown (Human Rights and Equal Opportunity Commission 1993, pp. 455, 468–9, 474).

After adjusting for age, the prevalence of mental disorder was highest for men and women living alone (see table 4). Rates of mental disorder were also high among those who were separated or divorced (21% of men and 29% of women). People who had never married also had higher rates of mental disorder than those who were married. Those who were separated or divorced had higher rates of anxiety (15%). Of those never married, 12% had substance use disorders (see table 6).

PREVALENCE OF MENTAL DISORDER(a), By Living Arrangements

	PREVALENCE RATE.....		AGE STANDARDISED RATE.....	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
	%	%	%	%
Persons in household				
1	23.9	16.6	24.9	26.6
2	15.4	19.3	18.1	21.1
3	17.8	23.2	15.9	21.9
4	20.5	20.6	16.7	16.6
5	20.3	18.1	18.6	13.2
Marital status				
Married	13.3	17.1	14.9	18.0
Separated/divorced	24.3	29.5	21.2	28.6
Widowed	*7.7	11.1	*1.7	21.9
Never married	31.5	29.8	22.5	18.3

(a) Mental disorders from the major groups: anxiety, affective and substance abuse disorders.

SUMMARY OF FINDINGS *continued*

Education and employment

The Human Rights and Equal Opportunity Commission (1993, pp. 921–4) highlighted a number of factors which, in combination, deny people with mental illness the opportunity to participate in education and employment appropriate to their abilities and interests. Barriers include the debilitating effects of mental illness, a lack of appropriate education services, job design and negative employer attitudes. While people with mental disorders were less likely to have post-school qualifications, and more likely to be unemployed, this reflects a complex interaction of factors. For example, it may be that those with mental disorders find it more difficult to get jobs. At the same time unemployment may contribute to mental disorder.

Those who did not have post-school qualifications were more likely to have a mental disorder than those who did. Some 22% of those who did not complete secondary school, and 22% of those who completed secondary school only, had a mental disorder compared with 16% of those with post-school qualifications.

After adjusting for age, rates of mental disorder were highest for men and women who were unemployed, or not in the labour force. Unemployed people had relatively high rates of affective disorders (13% of men and 18% of women). Unemployed women also had a high rate of anxiety disorders (17%), while unemployed men had a high rate of substance use disorders (20%) (see table 8).

PREVALENCE OF MENTAL DISORDER(a), By Labour Force Status

	PREVALENCE RATE.....		AGE STANDARDISED RATE.....	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
	%	%	%	%
Employed full-time	17.5	19.2	14.8	15.3
Employed part-time	22.8	18.8	18.6	16.4
Unemployed	38.2	39.3	29.5	28.2
Not in the labour force	15.6	19.3	30.3	24.4

(a) Mental disorders from the major groups: anxiety, affective and substance abuse disorders.

SUMMARY OF FINDINGS *continued*

Physical conditions

The survey also collected information on a specific number of chronic and current physical conditions: asthma, chronic bronchitis, anaemia, high blood pressure, heart trouble, arthritis, kidney disease, diabetes, cancer, stomach or duodenal ulcer, chronic gall bladder or liver trouble, hernia or rupture. In every age group women were more likely to report physical conditions than men. Overall 40% of women compared with 33% of men reported physical conditions. The prevalence of physical conditions increased with age from 19% of adults aged 25–34 years to 77% of those aged 65 and over (see table 2).

Comorbidity

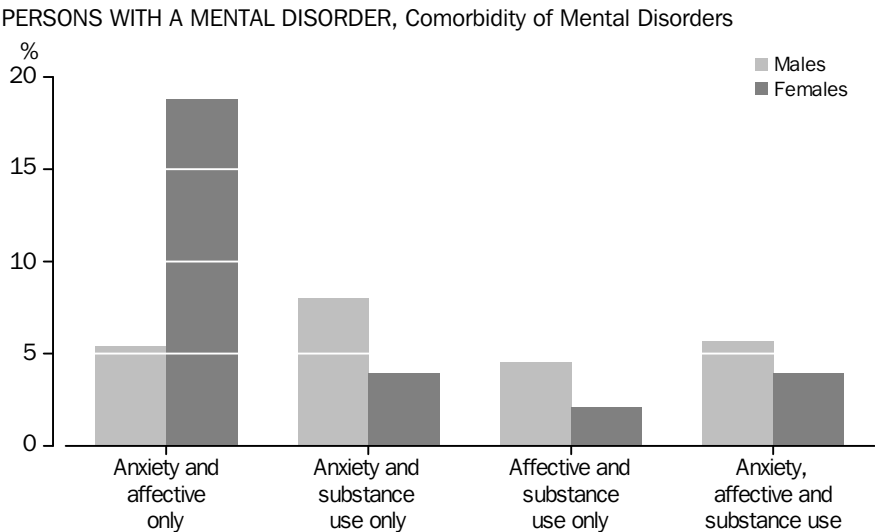
Comorbidity refers to the occurrence of more than one disorder at the same time. The existence of some conditions predisposes individuals to others. For example, severe social phobia may cause depression and alcohol dependence. Further, the presence of mental and/or physical conditions in combination is likely to compound the difficulties that people face.

For people with mental disorders, comorbidity is common. For example, one in three of those who had an anxiety disorder also had an affective disorder while one in five also had a substance use disorder. Of those who had an anxiety disorder 9% also had both affective and substance use disorders. This group represents less than 1% of the adult population (see table 12). It should be noted that individuals may have more than one disorder within each of the major groupings. For example, a person categorised as having anxiety disorders may have both social phobia and post-traumatic stress disorder.

Those with affective (mood) disorders were the most likely to also have a mental disorder from at least one of the other major groupings (61%). In comparison, 45% of those with an anxiety disorder also had a mental disorder from one of the other major groupings, as did 30% of those with a substance use disorder (see table 12).

Comorbidity *continued*

For people with mental disorders the patterns of comorbidity differed for men and women. Women were more likely to have anxiety and affective disorders in combination (19% without substance use disorders and a further 4% with substance use disorders), while men were more likely to have substance use disorders in combination with either anxiety disorders (14%) or affective disorders (10%) (see table 12).



Those with anxiety or affective disorders were more likely to report physical conditions (39% and 40% respectively) than Western Australian adults on average (36%). Men with either anxiety or affective disorders were more likely to report physical conditions (44% and 46% respectively) than their female counterparts (37% and 38% respectively). On the other hand, women with substance use disorders were more likely to report physical conditions than their male counterparts (39% compared with 34%) (see table 12). People who had mental disorders from all three groupings concurrently were the most likely to report physical conditions (46%) (see table 12).

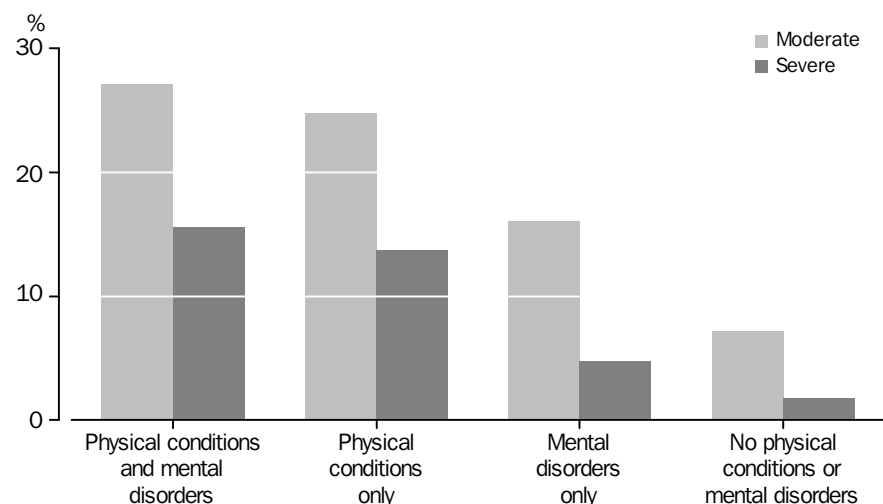
DISABILITY

The survey used a number of different measures of disability, based on standard international questionnaires, in order to measure the impact of mental disorders and physical conditions on people's lives. The Brief Disability Questionnaire (BDQ) asks respondents if they are limited because of health problems in a number of activities, and if they have cut down or stopped activities they were expected to do as part of their routine. The Short Form 12 (SF-12) is designed to measure the physical and mental aspects of health separately by addressing limitations due to health across eight dimensions. In addition, respondents were asked how many days in the four weeks prior to interview they were unable to carry out usual activities fully (days out of role).

Most people (66%) were designated disability free as measured by the BDQ; 12% had mild, 15% had moderate and 7% had severe disability. Disability increased with age and women were generally more likely to experience disability than men. Of those with a mental disorder, 44% had mild, moderate or severe disability (see table 14 and Appendix 1). They averaged four days out of role in the four weeks prior to interview, compared with one day for those with no mental disorders or physical conditions (see table 15).

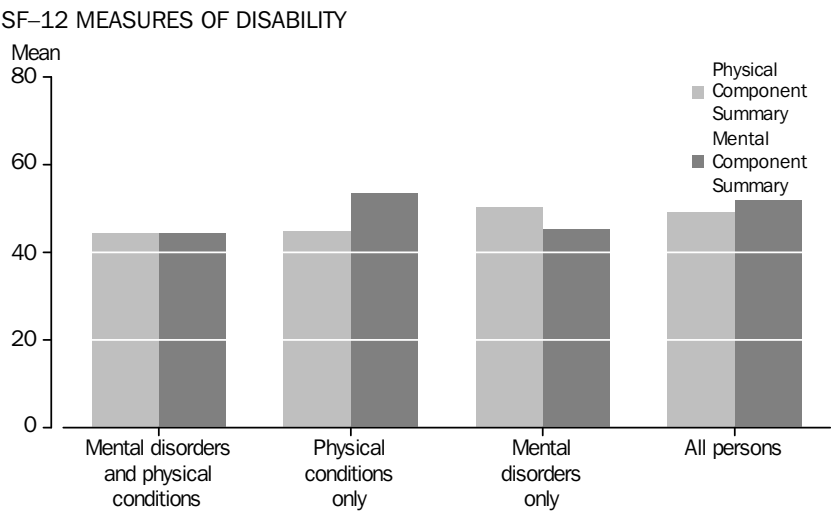
The BDQ emphasises physical aspects of disability. Therefore, it is not surprising that according to this measure, physical conditions are more closely related to disability than mental disorders. For example, of those people who reported physical conditions only, 55% had mild, moderate or severe disability status, compared with 36% of those with mental disorders only (see table 14).

DISABILITY STATUS (BDQ)



DISABILITY continued

The SF-12 has two measures, the physical component summary (PCS) and the mental component summary (MCS). The PCS focuses mainly on limitations in physical functioning, role limitations due to physical health problems, bodily pain and general health. The MCS focuses mainly on role limitations due to emotional problems, social functioning, mental health and vitality. A higher score indicates better health. As expected, persons with physical conditions only scored lower on the PCS than average, but higher on the MCS, while the pattern was reversed for those with mental disorders only (see Appendix 2).



Combinations of disorders generally have a cumulative effect on disability. Those with anxiety, affective or a combination of mental disorders from more than one of the major groupings (anxiety, affective and substance use) in combination with physical conditions were the worst affected. Of those with mental disorders from more than one of the major groupings in combination with physical conditions, 9% had mild, 36% moderate and 20% severe disability according to the BDQ (see table 14). They were among the lowest scoring on both SF-12 measures (see Appendix 2) and reported the highest number of days out of role, an average 7.6 days out of the four weeks prior to the interview (see table 15).

Anxiety and affective disorders had a more disabling impact than substance use disorders. Overall, those with anxiety disorders were the most troubled by physical aspects of disability (as measured by the BDQ and SF-12 PCS) (see table 14 and Appendixes 1 and 2), while those with affective disorders fared worst in terms of the SF-12 MCS (see Appendix 2).

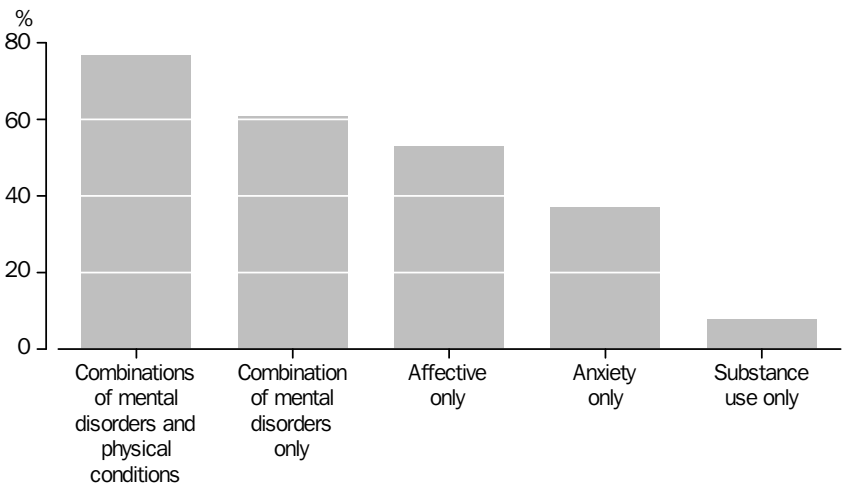
SERVICE USE

Of those with mental disorders, 39% used a health service for mental health problems in the 12 months prior to interview, with 32% consulting a general practitioner (see table 16). Hospital admissions for mental health problems were rare; less than 1% over the 12-month period.

The likelihood of using health services for a mental health problem was closely related to type of mental disorder. Of those with affective disorders only, approximately 53% used services for mental health problems, compared with 37% of those with anxiety only and 8% of those with substance use disorders only. Those with mental disorders from more than one of the major groupings in combination with physical conditions were the most likely to use services for mental health problems (77%) (see table 16).

A number of those with physical conditions only (9%) or with no mental disorders or physical conditions (6%) used services for mental health problems (see table 16). These groups may have either consulted a health professional for a sub-clinical mental health problem such as stress, or for a mental disorder not included in this analysis such as schizophrenia.

MENTAL HEALTH SERVICE USE

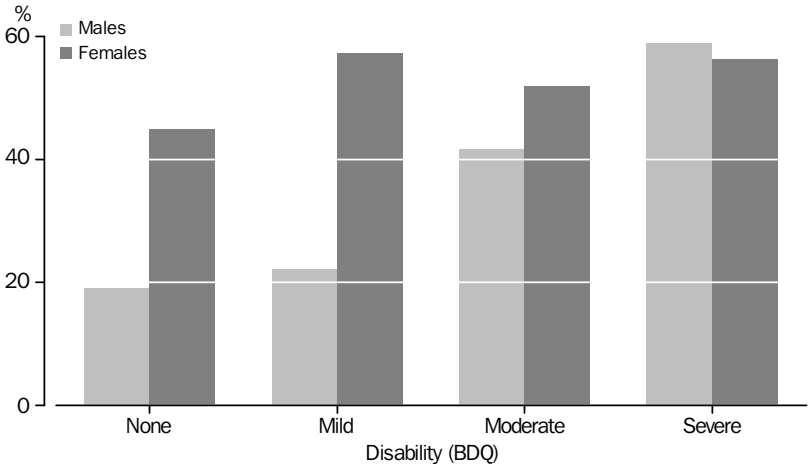


SUMMARY OF FINDINGS *continued*

SERVICE USE *continued*

Service use for mental health problems generally increased with disability. In particular, psychiatrists played a greater role relative to other service providers as disability increased. Overall, women were more likely than men to use services for mental health problems. Of women with a mental disorder, 50% did so compared with 26% of men. However, of those with a mental disorder and severe disability a similar proportion of men and women used services for mental health problems (59% and 56% respectively) (see tables 18 and 19).

PERSONS WITH A MENTAL DISORDER, Mental Health Service Use



LIST OF TABLES

Page

PREVALENCE

1	Persons: 12 month prevalence of disorders by sex	18
2	Persons: 12 month prevalence of disorders (broad groups) by age by sex	19
3	Persons: 12 month prevalence of disorders (broad groups) by number of persons in household by sex	20
4	Persons: age standardised 12 month prevalence of disorders (broad groups) by number of persons in household by sex	21
5	Persons: 12 month prevalence of disorders (broad groups) by marital status by sex	22
6	Persons: age standardised 12 month prevalence of disorders (broad groups) by marital status by sex	23
7	Persons: 12 month prevalence of disorders (broad groups) by labour force status by sex	24
8	Persons: age standardised 12 month prevalence of disorders (broad groups) by labour force status by sex	25
9	Persons: 12 month prevalence of disorders (broad groups) by highest educational qualification attained by sex	26
10	Persons: 12 month prevalence of disorders (broad groups) by country of birth by sex	27
11	Persons: 12 month prevalence of disorders (broad groups) by health region by sex	28
12	Persons: 12 month comorbidity of disorders by sex	29
13	Persons: 12 month comorbidity of disorders (broad groups) by age by sex	30

DISABILITY

14	Persons: 12 month comorbidity of disorders (broad groups) by disability status by sex	32
15	Average days out of role in the four weeks prior to interview by 12 month comorbidity of disorders (broad groups) by sex	33

LIST OF TABLES *continued*

Page

SERVICE USE

16	Persons: 12 month comorbidity of disorders (broad groups) by health services used for mental health problems in the 12 months prior to interview by sex	34
17	Persons: 12 month comorbidity of disorders (broad groups) by health services used for mental health problems in the 12 months prior to interview by age	36
18	Persons with a mental disorder: health services used for mental health problems in the 12 months prior to interview by disability status by sex	37
19	Persons: health services used for mental health problems in the 12 months prior to interview by disability status by sex	38
20	Persons: health services used for mental health problems in the 12 months prior to interview by disability status by age	39
21	Persons who used health services for mental health problems in the 12 months prior to interview: perceived need for help by type of help by sex	40
22	Proportion of persons who used health services for mental health problems in the 12 months prior to interview: perceived need for help by type of help by sex	41
23	Persons with a mental disorder who did not use health services for mental health problems in the 12 months prior to interview: perceived need for help by type of help by sex	42

TABLE 1. PERSONS: PREVALENCE OF DISORDERS(a)

	<i>Males</i>		<i>Females</i>		<i>Persons</i>	
	<i>'000</i>	<i>%</i>	<i>'000</i>	<i>%</i>	<i>'000</i>	<i>%</i>
Physical conditions	202.7	32.7	252.3	39.7	455.0	36.2
Mental disorders						
Anxiety disorders —						
Panic disorder	5.2	0.8	14.3	2.3	19.6	1.6
Agoraphobia	3.6	0.6	6.4	1.0	10.0	0.8
Social phobia	13.0	2.1	17.0	2.7	30.0	2.4
Generalised anxiety disorder	14.2	2.3	28.2	4.4	42.4	3.4
Obsessive-compulsive disorder	* 1.6	* 0.3	3.3	0.5	4.9	0.4
Post-traumatic stress disorder	14.3	2.3	28.0	4.4	42.3	3.4
<i>Total anxiety disorders</i>	<i>42.9</i>	<i>6.9</i>	<i>80.7</i>	<i>12.7</i>	<i>123.6</i>	<i>9.8</i>
Affective disorders —						
Depression	22.2	3.6	51.3	8.1	73.6	5.9
Dysthymia	5.8	0.9	8.3	1.3	14.0	1.1
<i>Total affective disorders(b)</i>	<i>25.7</i>	<i>4.1</i>	<i>55.3</i>	<i>8.7</i>	<i>81.0</i>	<i>6.5</i>
Substance use disorders —						
Alcohol harmful use	35.0	5.7	11.2	1.8	46.2	3.7
Alcohol dependence	32.6	5.3	12.0	1.9	44.6	3.6
Drug use disorders(c)	21.6	3.5	13.6	2.1	35.2	2.8
<i>Total substance use disorders</i>	<i>79.3</i>	<i>12.8</i>	<i>30.8</i>	<i>4.8</i>	<i>110.1</i>	<i>8.8</i>
<i>Total mental disorders</i>	<i>114.5</i>	<i>18.5</i>	<i>125.7</i>	<i>19.8</i>	<i>240.2</i>	<i>19.1</i>
No mental disorders or physical conditions	345.7	55.8	305.3	48.0	651.0	51.9
Total(d)	619.4	100.0	635.9	100.0	1,255.3	100.0

(a) During the twelve months prior to interview. (b) Includes other affective disorders such as mania, hypomania and bipolar affective disorder. See paragraph 30 of the Explanatory Notes (c) Includes harmful use and dependence. (d) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 2. PERSONS: PREVALENCE OF DISORDERS(a) BY AGE

Per cent							
	Age group (years)						
	18-24	25-34	35-44	45-54	55-64	65 and over	Total
Males							
Physical conditions	22.4	16.7	24.2	30.3	54.8	70.9	32.7
Mental disorders—							
Anxiety disorders	8.5	6.7	7.5	10.6	* 3.9	* 1.9	6.9
Affective disorders	5.5	3.6	6.7	* 2.4	* 4.5	* 1.2	4.1
Substance use disorders	29.9	18.2	10.8	6.8	5.3	* 3.0	12.8
Total mental disorders	34.0	23.0	18.1	15.3	11.0	4.9	18.5
No mental disorder or physical condition	56.5	64.7	65.2	61.0	43.0	27.4	55.8
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	89.9	133.3	134.2	114.6	70.5	76.9	619.4
Females							
Physical conditions	24.0	21.6	24.6	41.5	64.8	82.3	39.7
Mental disorders—							
Anxiety disorders	16.8	15.9	13.8	12.7	7.3	6.5	12.7
Affective disorders	16.3	10.4	9.7	6.6	6.6	* 1.5	8.7
Substance use disorders	13.4	7.5	4.4	* 1.6	**0.8	—	4.8
Total mental disorders	32.9	24.3	20.9	17.5	11.8	7.8	19.8
No mental disorder or physical condition	52.5	60.6	61.2	48.3	32.8	17.0	48.0
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	88.0	135.3	139.5	110.3	69.3	93.5	635.9
Persons							
Physical conditions	23.2	19.2	24.4	35.8	59.7	77.1	36.2
Mental disorders—							
Anxiety disorders	12.6	11.3	10.7	11.6	5.6	4.5	9.8
Affective disorders	10.9	7.0	8.3	4.5	5.5	* 1.4	6.5
Substance use disorders	21.7	12.8	7.5	4.2	3.1	* 1.5	8.8
Total mental disorders	33.5	23.7	19.5	16.3	11.4	6.4	19.1
No mental disorder or physical condition	54.5	62.6	63.1	54.8	37.9	21.7	51.9
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	177.8	268.6	273.7	224.9	139.8	170.5	1,255.3

(a) During the twelve months prior to interview. (b) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 3. PERSONS: PREVALENCE OF DISORDERS(a) BY NUMBER OF PERSONS IN HOUSEHOLD

Per cent						
	Number of persons in household					
	1	2	3	4	5 or more	Total
Males						
Physical conditions	38.5	43.1	24.7	28.7	15.4	32.7
Mental disorders—						
Anxiety disorders	10.0	5.4	6.4	8.9	6.4	6.9
Affective disorders	8.2	4.4	3.4	3.3	* 2.0	4.1
Substance use disorders	16.6	10.3	13.4	13.6	14.5	12.8
Total mental disorders	23.9	15.4	17.8	20.5	20.3	18.5
No mental disorder or physical condition	48.6	47.8	63.3	59.3	69.3	55.8
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	72.7	229.9	109.1	125.8	81.8	619.4
Females						
Physical conditions	62.9	44.6	34.3	27.5	30.9	39.7
Mental disorders—						
Anxiety disorders	10.6	12.4	11.6	13.8	14.9	12.7
Affective disorders	8.6	6.7	11.9	10.7	6.9	8.7
Substance use disorders	* 2.6	5.2	8.5	3.6	* 2.6	4.8
Total mental disorders	16.6	19.3	23.2	20.6	18.1	19.8
No mental disorder or physical condition	29.3	43.6	51.3	59.7	55.0	48.0
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	75.6	231.8	116.0	126.0	86.5	635.9
Persons						
Physical conditions	50.9	43.9	29.6	28.1	23.4	36.2
Mental disorders—						
Anxiety disorders	10.3	8.9	9.1	11.3	10.8	9.8
Affective disorders	8.4	5.6	7.8	7.0	4.5	6.5
Substance use disorders	9.4	7.8	10.9	8.6	8.4	8.8
Total mental disorders	20.2	17.3	20.6	20.5	19.2	19.1
No mental disorder or physical condition	38.7	45.7	57.1	59.5	62.0	51.9
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	148.3	461.7	225.1	251.8	168.3	1,255.3

(a) During the twelve months prior to interview. (b) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 4. PERSONS: AGE STANDARDISED PREVALENCE OF DISORDERS(a) BY NUMBER OF PERSONS IN HOUSEHOLD

Per cent						
<i>Number of persons in household</i>						
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5 or more</i>	<i>Total</i>
Males						
Physical conditions	36.3	36.3	32.1	29.3	13.4	34.2
Mental disorders—						
Anxiety disorders	10.9	6.5	6.8	7.2	8.0	6.7
Affective disorders	8.5	5.4	3.0	2.3	*1.9	4.0
Substance use disorders	17.3	12.4	10.7	11.4	11.2	12.3
<i>Total mental disorders</i>	<i>24.9</i>	<i>18.1</i>	<i>15.9</i>	<i>16.7</i>	<i>18.6</i>	<i>17.9</i>
No mental disorder or physical condition	50.1	52.2	56.9	54.4	58.6	54.8
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	72.7	229.9	109.1	125.8	81.8	619.4
Females						
Physical conditions	40.8	39.0	39.8	31.9	44.6	40.4
Mental disorders—						
Anxiety disorders	16.2	13.6	12.5	11.7	11.4	12.6
Affective disorders	13.5	7.5	9.9	8.8	5.1	8.6
Substance use disorders	*5.6	6.0	6.8	2.7	*1.6	4.7
<i>Total mental disorders</i>	<i>26.6</i>	<i>21.1</i>	<i>21.9</i>	<i>16.6</i>	<i>13.2</i>	<i>19.6</i>
No mental disorder or physical condition	42.8	47.2	48.2	58.1	40.0	47.5
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	75.6	231.8	116.0	126.0	86.5	635.9
Persons						
Physical conditions	38.5	37.8	35.7	31.1	29.2	37.4
Mental disorders—						
Anxiety disorders	13.6	10.2	9.9	9.4	9.7	9.7
Affective disorders	11.0	6.4	6.5	5.5	3.5	6.3
Substance use disorders	11.4	9.2	8.8	7.0	6.4	8.5
<i>Total mental disorders</i>	<i>25.8</i>	<i>19.7</i>	<i>19.1</i>	<i>16.6</i>	<i>15.9</i>	<i>18.8</i>
No mental disorder or physical condition	46.5	49.6	52.9	56.4	49.4	51.1
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	148.3	461.7	225.1	251.8	168.3	1,255.3

(a) During the twelve months prior to interview. (b) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 5. PERSONS: PREVALENCE OF DISORDERS(a) BY MARITAL STATUS

Per cent					
	<i>Married(b)</i>	<i>Separated/divorced</i>	<i>Widowed</i>	<i>Never married</i>	<i>Total</i>
Males					
Physical conditions	34.6	37.6	72.5	23.2	32.7
Mental disorders—					
Anxiety disorders	5.8	10.6	—	9.2	6.9
Affective disorders	2.6	7.6	**4.6	7.1	4.1
Substance use disorders	7.8	14.3	—	26.5	12.8
<i>Total mental disorders</i>	<i>13.3</i>	<i>24.3</i>	<i>* 7.7</i>	<i>31.5</i>	<i>18.5</i>
No mental disorder or physical condition	57.2	47.7	* 27.5	56.8	55.8
Total(c)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	409.6	46.9	11.6	151.3	619.4
Females					
Physical conditions	37.9	44.3	74.9	26.7	39.7
Mental disorders—					
Anxiety disorders	11.3	21.3	7.2	16.5	12.7
Affective disorders	7.1	15.1	* 5.0	13.6	8.7
Substance use disorders	3.3	6.0	**1.2	12.3	4.8
<i>Total mental disorders</i>	<i>17.1</i>	<i>29.5</i>	<i>11.1</i>	<i>29.8</i>	<i>19.8</i>
No mental disorder or physical condition	50.8	40.0	21.9	53.9	48.0
Total(c)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	426.2	58.0	50.5	101.2	635.9
Persons					
Physical conditions	36.3	41.3	74.4	24.6	36.2
Mental disorders—					
Anxiety disorders	8.6	16.5	6.5	12.1	9.8
Affective disorders	4.9	11.7	* 4.9	9.7	6.5
Substance use disorders	5.6	9.7	* 1.6	20.8	8.8
<i>Total mental disorders</i>	<i>15.2</i>	<i>27.2</i>	<i>10.5</i>	<i>30.8</i>	<i>19.1</i>
No mental disorder or physical condition	53.9	43.4	23.0	55.7	51.9
Total(c)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	835.8	104.9	62.1	252.5	1,255.3

(a) During the twelve months prior to interview. (b) Includes de facto. (c) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 6. PERSONS: AGE STANDARDISED PREVALENCE OF DISORDERS(a) BY MARITAL STATUS

Per cent					
	<i>Married(b)</i>	<i>Separated/divorced</i>	<i>Widowed</i>	<i>Never married</i>	<i>Total</i>
Males					
Physical conditions	32.3	33.1	6.2	33.3	34.2
Mental disorders—					
Anxiety disorders	5.6	7.5	—	8.5	6.7
Affective disorders	2.3	5.8	**1.7	7.0	4.0
Substance use disorders	9.9	13.7	—	17.7	12.3
<i>Total mental disorders</i>	<i>14.9</i>	<i>21.2</i>	<i>*1.7</i>	<i>22.5</i>	<i>17.9</i>
No mental disorder or physical condition	57.5	53.1	*22.9	54.8	54.8
Total(c)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	409.6	46.9	11.6	151.3	619.4
Females					
Physical conditions	40.0	47.9	23.6	40.0	40.4
Mental disorders—					
Anxiety disorders	11.5	21.4	16.5	11.3	12.6
Affective disorders	7.6	12.8	*13.5	7.9	8.6
Substance use disorders	3.8	5.5	**4.1	6.3	4.7
<i>Total mental disorders</i>	<i>18.0</i>	<i>28.6</i>	<i>21.9</i>	<i>18.3</i>	<i>19.6</i>
No mental disorder or physical condition	48.0	36.1	30.8	49.0	47.5
Total(c)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	426.2	58.0	50.5	101.2	635.9
Persons					
Physical conditions	36.2	40.5	14.9	36.9	37.4
Mental disorders—					
Anxiety disorders	8.7	14.7	9.1	10.0	9.7
Affective disorders	4.9	9.4	*7.6	7.4	6.3
Substance use disorders	6.8	9.5	*2.1	12.0	8.5
<i>Total mental disorders</i>	<i>16.6</i>	<i>25.1</i>	<i>11.8</i>	<i>20.5</i>	<i>18.8</i>
No mental disorder or physical condition	52.6	44.7	27.0	51.6	51.1
Total(c)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	835.8	104.9	62.1	252.5	1,255.3

(a) During the twelve months prior to interview. (b) Includes de facto. (c) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 7. PERSONS: PREVALENCE OF DISORDERS(a) BY LABOUR FORCE STATUS

Per cent					
	<i>Employed</i>		<i>Unemployed</i>	<i>Not in the labour force</i>	<i>Total</i>
	<i>Full-time</i>	<i>Part-time</i>			
Males					
Physical conditions	22.6	38.1	27.6	63.0	32.7
Mental disorders—					
Anxiety disorders	6.0	7.2	17.5	7.4	6.9
Affective disorders	3.1	* 3.0	17.6	5.1	4.1
Substance use disorders	12.4	18.0	26.4	9.1	12.8
<i>Total mental disorders</i>	<i>17.5</i>	<i>22.8</i>	<i>38.2</i>	<i>15.6</i>	<i>18.5</i>
No mental disorders or physical conditions	65.3	47.5	45.2	32.2	55.9
Total(b)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	406.9	54.6	27.2	130.6	619.4
Females					
Physical conditions	25.6	30.2	34.4	57.0	39.6
Mental disorders—					
Anxiety disorders	11.3	12.3	21.9	13.3	12.7
Affective disorders	7.4	7.8	23.3	9.2	8.7
Substance use disorders	6.0	5.0	* 11.6	3.3	4.8
<i>Total mental disorders</i>	<i>19.2</i>	<i>18.8</i>	<i>39.3</i>	<i>19.3</i>	<i>19.8</i>
No mental disorders or physical conditions	59.8	57.1	39.4	33.6	48.0
Total(b)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	183.3	181.3	19.4	252.0	635.9
Persons					
Physical conditions	23.5	32.1	30.4	59.0	36.2
Mental disorders—					
Anxiety disorders	7.7	11.1	19.3	11.3	9.8
Affective disorders	4.4	6.7	20.0	7.8	6.5
Substance use disorders	10.4	8.0	20.2	5.3	8.8
<i>Total mental disorders</i>	<i>18.0</i>	<i>19.8</i>	<i>38.6</i>	<i>18.1</i>	<i>19.1</i>
No mental disorders or physical conditions	63.6	54.9	42.8	33.1	51.9
Total(b)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	590.2	235.9	46.7	382.5	1,255.3

(a) During the twelve months prior to interview. (b) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 8. PERSONS: AGE STANDARDISED PREVALENCE OF DISORDERS(a) BY LABOUR FORCE STATUS

Per cent					
	<i>Employed</i>			<i>Not in the labour force</i>	<i>Total</i>
	<i>Full-time</i>	<i>Part-time</i>	<i>Unemployed</i>		
Males					
Physical conditions	32.1	41.8	25.1	52.6	34.2
Mental disorders—					
Anxiety disorders	4.9	5.5	13.5	15.8	6.7
Affective disorders	2.6	*3.1	13.1	10.9	4.0
Substance use disorders	10.6	14.4	20.4	18.5	12.3
<i>Total mental disorders</i>	<i>14.8</i>	<i>18.6</i>	<i>29.5</i>	<i>30.3</i>	<i>17.9</i>
No mental disorders or physical conditions	57.7	46.7	37.9	35.1	54.8
Total(b)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	406.9	54.6	27.2	130.6	619.4
Females					
Physical conditions	37.6	38.9	33.7	46.2	40.4
Mental disorders—					
Anxiety disorders	9.2	10.9	17.1	16.4	12.6
Affective disorders	5.8	6.5	17.7	12.2	8.6
Substance use disorders	4.6	4.3	*4.7	4.9	4.7
<i>Total mental disorders</i>	<i>15.3</i>	<i>16.4</i>	<i>28.2</i>	<i>24.4</i>	<i>19.6</i>
No mental disorders or physical conditions	51.1	50.7	31.5	40.2	47.5
Total(b)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	183.3	181.3	19.4	252.0	635.9
Persons					
Physical conditions	34.9	40.4	29.4	49.5	37.4
Mental disorders—					
Anxiety disorders	7.0	8.2	15.3	16.1	9.7
Affective disorders	4.2	4.8	15.5	11.5	6.3
Substance use disorders	7.6	9.3	12.5	11.7	8.5
<i>Total mental disorders</i>	<i>15.1</i>	<i>17.5</i>	<i>28.9</i>	<i>27.3</i>	<i>18.8</i>
No mental disorders or physical conditions	54.3	48.6	34.7	37.6	51.1
Total(b)	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	590.2	235.9	46.7	382.5	1,255.3

(a) During the twelve months prior to interview. (b) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 9. PERSONS: PREVALENCE OF DISORDERS(a) BY HIGHEST EDUCATIONAL QUALIFICATION

Per cent				
	<i>Post-school qualification</i>	<i>Completed secondary school only</i>	<i>Did not complete secondary school</i>	<i>Total(b)</i>
Males				
Physical conditions	29.5	30.9	39.4	32.7
Mental disorders—				
Anxiety disorders	5.2	10.0	8.6	6.9
Affective disorders	3.4	6.3	4.4	4.1
Substance use disorders	11.1	13.3	15.1	12.8
<i>Total mental disorders</i>	<i>15.6</i>	<i>21.5</i>	<i>21.6</i>	<i>18.5</i>
No mental disorders or physical conditions	60.4	57.1	46.7	55.9
Total(c)	100.0	100.0	100.0	100.0
Total persons ('000)	341.8	100.6	175.3	619.4
Females				
Physical conditions	34.0	35.7	47.8	39.6
Mental disorders—				
Anxiety disorders	10.2	13.5	14.6	12.7
Affective disorders	7.0	9.0	9.9	8.7
Substance use disorders	3.5	7.4	4.7	4.8
<i>Total mental disorders</i>	<i>16.1</i>	<i>22.4</i>	<i>21.9</i>	<i>19.8</i>
No mental disorders or physical conditions	55.2	49.2	40.1	48.0
Total(c)	100.0	100.0	100.0	100.0
Total persons ('000)	254.2	129.3	249.2	635.9
Persons				
Physical conditions	31.4	33.6	44.3	36.2
Mental disorders—				
Anxiety disorders	7.3	11.9	12.1	9.8
Affective disorders	5.0	7.8	7.6	6.5
Substance use disorders	7.9	10.0	9.0	8.8
<i>Total mental disorders</i>	<i>15.8</i>	<i>22.0</i>	<i>21.8</i>	<i>19.1</i>
No mental disorders or physical conditions	58.2	52.7	42.8	51.9
Total(c)	100.0	100.0	100.0	100.0
Total persons ('000)	596.0	229.8	424.6	1,255.3

(a) During the twelve months prior to interview. (b) Includes persons aged 18 to 20 years who are still at school and persons whose qualifications were inadequately described. (c) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 10. PERSONS: PREVALENCE OF DISORDERS(a) BY COUNTRY OF BIRTH(b)

Per cent				
	Born outside Australia			
	Born in Australia	Main English-speaking country	Other country	Total
Males				
Physical conditions	32.8	34.7	29.5	32.7
Mental disorders—				
Anxiety disorders	7.2	4.9	8.5	6.9
Affective disorders	4.0	5.3	* 3.4	4.1
Substance use disorders	14.6	10.9	8.0	12.8
<i>Total mental disorders</i>	<i>19.9</i>	<i>16.9</i>	<i>14.8</i>	<i>18.5</i>
No mental disorder or physical condition	55.0	54.4	61.3	55.8
Total(c)	100.0	100.0	100.0	100.0
Total persons ('000)	398.1	128.0	93.2	619.4
Females				
Physical conditions	41.1	38.4	34.8	39.7
Mental disorders—				
Anxiety disorders	12.7	11.3	15.1	12.7
Affective disorders	9.2	9.0	5.7	8.7
Substance use disorders	5.6	4.1	* 2.3	4.8
<i>Total mental disorders</i>	<i>20.7</i>	<i>18.0</i>	<i>17.8</i>	<i>19.8</i>
No mental disorder or physical condition	46.3	51.4	51.0	48.0
Total(c)	100.0	100.0	100.0	100.0
Total persons ('000)	414.0	136.7	85.3	635.9
Persons				
Physical conditions	37.0	36.6	32.1	36.2
Mental disorders—				
Anxiety disorders	10.0	8.2	11.6	9.8
Affective disorders	6.6	7.2	4.5	6.5
Substance use disorders	10.0	7.4	5.3	8.8
<i>Total mental disorders</i>	<i>20.3</i>	<i>17.5</i>	<i>16.3</i>	<i>19.1</i>
No mental disorder or physical condition	50.6	52.8	56.4	51.9
Total(c)	100.0	100.0	100.0	100.0
Total persons ('000)	812.1	264.7	178.5	1,255.3

(a) During the twelve months prior to interview. (b) See Glossary. (c) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 11. PERSONS: PREVALENCE OF DISORDERS(a) BY HEALTH REGION

Per cent									
	Metropolitan				Non-metropolitan				Total
	North	East	South	Sub-total	Southern	Central	Far north	Sub-total	
Males									
Physical conditions	30.5	35.3	32.0	32.1	41.7	31.3	21.2	34.8	32.7
Mental disorders—									
Anxiety disorders	5.7	5.9	7.9	6.8	7.2	8.5	* 6.0	7.5	6.9
Affective disorders	3.5	4.3	4.2	4.0	5.2	* 4.3	* 4.8	4.8	4.1
Substance use disorders	11.2	14.3	12.7	12.5	12.6	15.7	* 13.0	13.9	12.8
<i>Total mental disorders</i>	<i>16.6</i>	<i>18.5</i>	<i>18.6</i>	<i>17.9</i>	<i>19.9</i>	<i>22.0</i>	<i>* 17.9</i>	<i>20.5</i>	<i>18.5</i>
No mental disorder or physical condition	57.9	55.3	56.6	56.8	47.4	53.6	66.3	52.4	55.8
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	163.1	97.5	221.7	482.3	63.5	55.7	17.9	137.1	619.4
Females									
Physical conditions	36.3	41.1	40.8	39.3	40.0	46.4	28.0	41.0	39.7
Mental disorders—									
Anxiety disorders	12.3	11.0	12.7	12.2	14.4	15.2	* 11.7	14.4	12.7
Affective disorders	8.1	8.1	8.7	8.4	9.2	12.3	* 6.3	10.1	8.7
Substance use disorders	2.7	3.2	5.7	4.2	6.3	8.8	* 7.2	7.4	4.8
<i>Total mental disorders</i>	<i>17.0</i>	<i>18.8</i>	<i>20.4</i>	<i>19.0</i>	<i>22.2</i>	<i>25.4</i>	<i>* 18.0</i>	<i>23.0</i>	<i>19.8</i>
No mental disorder or physical condition	52.7	46.2	46.2	48.4	47.8	40.7	59.7	46.4	48.0
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	173.3	100.0	233.4	506.8	62.9	50.8	15.5	129.2	635.9
Persons									
Physical conditions	33.5	38.2	36.5	35.8	40.8	38.5	24.4	37.8	36.2
Mental disorders—									
Anxiety disorders	9.1	8.5	10.4	9.6	10.8	11.7	* 8.6	10.9	9.8
Affective disorders	5.9	6.2	6.5	6.2	7.2	8.1	* 5.5	7.3	6.5
Substance use disorders	6.8	8.7	9.1	8.2	9.5	12.4	10.3	10.7	8.8
<i>Total mental disorders</i>	<i>16.8</i>	<i>18.7</i>	<i>19.6</i>	<i>18.4</i>	<i>21.0</i>	<i>23.6</i>	<i>18.0</i>	<i>21.7</i>	<i>19.1</i>
No mental disorder or physical condition	55.2	50.7	51.3	52.5	47.6	47.5	63.3	49.5	51.9
Total(b)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	336.5	197.5	455.1	989.1	126.3	106.6	33.4	266.2	1,255.3

(a) During the twelve months prior to interview. (b) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

TABLE 12. PERSONS: COMORBIDITY OF DISORDERS(a)

	<i>Males</i>		<i>Females</i>		<i>Persons</i>	
	<i>'000</i>	<i>%</i>	<i>'000</i>	<i>%</i>	<i>'000</i>	<i>%</i>
Physical conditions only	159.1	25.7	204.9	32.2	364.1	29.0
Mental disorders only—						
Anxiety only	11.1	1.8	29.5	4.6	40.5	3.2
Affective only	4.0	0.6	15.6	2.4	19.6	1.6
Substance use only	39.5	6.4	10.3	1.6	49.9	4.0
Anxiety and affective only	3.3	0.5	14.5	2.3	17.9	1.4
Anxiety and substance use only	6.4	1.0	4.0	0.6	10.4	0.8
Affective and substance use only	3.3	0.5	* 1.6	* 0.3	5.0	0.4
Anxiety, affective and substance use only	3.3	0.5	* 2.8	* 0.4	6.1	0.5
<i>Total mental disorder only</i>	<i>70.9</i>	<i>11.5</i>	<i>78.4</i>	<i>12.3</i>	<i>149.3</i>	<i>11.9</i>
Mental disorders and physical conditions—						
Anxiety and physical only	10.0	1.6	17.8	2.8	27.7	2.2
Affective and physical only	3.9	0.6	8.5	1.3	12.4	1.0
Substance use and physical only	19.0	3.1	7.9	1.2	26.9	2.1
Anxiety, affective and physical only	* 2.9	* 0.5	9.1	1.4	12.0	1.0
Anxiety, substance use and physical only	* 2.8	* 0.5	* 0.9	* 0.1	3.7	0.3
Affective, substance use and physical only	* 1.8	* 0.3	* 1.1	* 0.2	* 2.9	* 0.2
Anxiety, affective, substance use and physical	* 3.2	* 0.5	* 2.1	* 0.3	5.2	0.4
<i>Total mental disorders and physical conditions</i>	<i>43.5</i>	<i>7.0</i>	<i>47.4</i>	<i>7.4</i>	<i>90.9</i>	<i>7.2</i>
<i>Total mental disorders</i>	<i>114.5</i>	<i>18.5</i>	<i>125.7</i>	<i>19.8</i>	<i>240.2</i>	<i>19.1</i>
<i>Total mental disorders or physical conditions</i>	<i>273.6</i>	<i>44.2</i>	<i>330.6</i>	<i>52.0</i>	<i>604.3</i>	<i>48.1</i>
No mental disorders or physical conditions	345.7	55.8	305.3	48.0	651.0	51.9
Total	619.4	100.0	635.9	100.0	1,255.3	100.0

(a) During the twelve months prior to interview.

TABLE 13. PERSONS: COMORBIDITY OF DISORDERS(a) BY AGE

Per cent				
<hr/>				
Age group (years)				
<hr/>				
	18-24	25-44	45 and over	Total
<hr/>				
Males				
Physical conditions only	9.5	14.5	42.6	25.7
Mental disorders only—				
Anxiety only	* 1.9	1.5	2.0	1.8
Affective only	—	1.3	—	0.6
Substance use only	14.2	8.5	1.5	6.4
Combination of mental disorders only(b)	4.8	3.3	1.2	2.6
<i>Total mental disorders only</i>	<i>21.1</i>	<i>14.6</i>	<i>4.9</i>	<i>11.5</i>
Mental disorders and physical conditions—				
Anxiety and physical only	—	1.8	2.0	1.6
Affective and physical only	—	* 0.4	* 0.8	0.6
Substance use and physical only	9.4	2.2	1.8	3.1
Combination of mental disorders and physical conditions(b)	* 2.9	1.5	1.5	1.7
<i>Total mental disorders and physical conditions</i>	<i>12.9</i>	<i>5.9</i>	<i>6.1</i>	<i>7.0</i>
<i>Total mental disorders</i>	<i>34.0</i>	<i>20.5</i>	<i>11.1</i>	<i>18.5</i>
<i>Total mental disorders or physical conditions</i>	<i>43.5</i>	<i>35.1</i>	<i>53.7</i>	<i>44.2</i>
No mental disorders or physical conditions	56.5	64.9	46.3	55.8
Total	100.0	100.0	100.0	100.0
Total persons ('000)	89.9	267.5	262.0	619.4
<hr/>				
Females				
Physical conditions only	14.7	16.5	53.7	32.2
Mental disorders only—				
Anxiety only	5.2	6.1	3.0	4.6
Affective only	6.2	2.7	* 1.0	2.4
Substance use only	3.7	2.3	* 0.3	1.6
Combination of mental disorders only(b)	8.4	5.0	* 0.7	3.6
<i>Total mental disorders only</i>	<i>23.5</i>	<i>16.0</i>	<i>5.0</i>	<i>12.3</i>
Mental disorders and physical conditions—				
Anxiety and physical only	* 0.9	2.3	3.9	2.8
Affective and physical only	**0.6	1.3	1.6	1.3
Substance use and physical only	4.1	* 1.0	* 0.5	1.2
Combination of mental disorders and physical conditions(b)	3.7	2.0	1.7	2.1
<i>Total mental disorders and physical conditions</i>	<i>9.3</i>	<i>6.6</i>	<i>7.7</i>	<i>7.4</i>
<i>Total mental disorders</i>	<i>32.9</i>	<i>22.6</i>	<i>12.7</i>	<i>19.8</i>
<i>Total mental disorders or physical conditions</i>	<i>47.5</i>	<i>39.1</i>	<i>66.4</i>	<i>52.0</i>
No mental disorders or physical conditions	52.5	60.9	33.6	48.0
Total	100.0	100.0	100.0	100.0
Total persons ('000)	88.0	274.8	273.2	635.9

TABLE 13. PERSONS: COMORBIDITY OF DISORDERS(a) BY AGE—continued

	Per cent			
	Age group (years)			
	18-24	25-44	45 and over	Total
	Persons			
Physical conditions only	12.0	15.5	48.3	29.0
Mental disorders only—				
Anxiety only	3.5	3.8	2.5	3.2
Affective only	3.2	2.0	* 0.6	1.6
Substance use only	9.0	5.4	0.9	4.0
Combination of mental disorders only(b)	6.6	4.1	1.0	3.1
<i>Total mental disorders only</i>	<i>22.3</i>	<i>15.3</i>	<i>5.0</i>	<i>11.9</i>
Mental disorders and physical conditions—				
Anxiety and physical only	* 0.4	2.1	2.9	2.2
Affective and physical only	* 0.6	0.9	1.2	1.0
Substance use and physical only	6.8	1.6	1.2	2.1
Combination of mental disorders and physical conditions(b)	3.3	1.7	1.6	1.9
<i>Total mental disorders and physical conditions</i>	<i>11.2</i>	<i>6.3</i>	<i>6.9</i>	<i>7.2</i>
<i>Total mental disorders</i>	<i>33.5</i>	<i>21.6</i>	<i>11.9</i>	<i>19.1</i>
<i>Total mental disorders or physical conditions</i>	<i>45.5</i>	<i>37.1</i>	<i>60.2</i>	<i>48.1</i>
No mental disorders or physical conditions	54.5	62.9	39.8	51.9
Total	100.0	100.0	100.0	100.0
Total persons ('000)	177.8	542.3	535.1	1,255.3

(a) During the twelve months prior to interview. (b) Combinations of mental disorders from more than one of the major groupings (anxiety, affective, and substance use).

TABLE 14. PERSONS: COMORBIDITY OF DISORDERS(a) BY DISABILITY STATUS(b)

Per cent						
	Disability status					Total persons ('000)
	None	Mild	Moderate	Severe	Total	
Males						
Physical conditions only	46.8	16.4	22.1	14.7	100.0	159.1
Mental disorders only—						
Anxiety only	48.3	* 19.9	* 28.8	—	100.0	11.1
Affective only	* 77.6	**14.9	—	—	100.0	4.0
Substance use only	78.3	10.3	* 8.1	—	100.0	39.5
Combination of mental disorders only(c)	60.1	21.9	* 12.5	* 5.5	100.0	16.4
Total mental disorders only	69.4	14.7	11.9	* 4.0	100.0	70.9
Mental disorders and physical conditions—						
Anxiety and physical only	46.0	* 10.7	* 31.9	* 11.4	100.0	10.0
Affective and physical only	* 26.6	—	* 35.6	* 23.4	100.0	3.9
Substance use and physical only	67.0	* 12.5	* 15.9	* 4.5	100.0	19.0
Combination of mental disorders and physical conditions(c)	36.3	—	33.7	* 26.8	100.0	10.7
Total mental disorders and physical conditions	51.1	10.0	25.7	13.3	100.0	43.5
Total mental disorders	62.4	12.9	17.1	7.5	100.0	114.5
Total mental disorders or physical conditions	53.3	14.9	20.0	11.7	100.0	273.6
No mental disorders or physical conditions	84.0	8.7	5.5	1.8	100.0	345.7
Total	70.4	11.5	11.9	6.2	100.0	619.4
Females						
Physical conditions only	43.7	16.4	26.9	13.0	100.0	204.9
Mental disorders only—						
Anxiety only	52.7	18.0	22.9	* 6.4	100.0	29.5
Affective only	70.6	* 8.2	* 18.8	—	100.0	15.6
Substance use only	71.7	* 15.9	* 9.0	—	100.0	10.3
Combination of mental disorders only(c)	54.0	16.3	21.9	* 7.8	100.0	23.0
Total mental disorders only	59.1	15.3	20.0	5.6	100.0	78.4
Mental disorders and physical conditions—						
Anxiety and physical only	28.6	19.3	27.8	24.3	100.0	17.8
Affective and physical only	40.4	* 21.7	* 13.6	* 24.3	100.0	8.5
Substance use and physical only	60.1	**7.1	* 29.7	—	100.0	7.9
Combination of mental disorders and physical conditions(c)	34.3	* 14.0	38.1	* 13.6	100.0	13.2
Total mental disorders and physical conditions	37.5	16.2	28.5	17.8	100.0	47.4
Total mental disorders	51.0	15.6	23.2	10.2	100.0	125.7
Total mental disorders or physical conditions	46.5	16.1	25.5	11.9	100.0	330.6
No mental disorders or physical conditions	78.8	10.5	9.0	1.8	100.0	305.3
Total	62.0	13.4	17.6	7.0	100.0	635.9

TABLE 14. PERSONS: COMORBIDITY OF DISORDERS(a) BY DISABILITY STATUS(b)—continued

Per cent						
	Disability status					Total persons ('000)
	None	Mild	Moderate	Severe	Total	
Persons						
Physical conditions only	45.1	16.4	24.8	13.7	100.0	364.1
Mental disorders only—						
Anxiety only	51.5	18.5	24.5	* 5.5	100.0	40.5
Affective only	72.0	* 9.6	* 15.0	—	100.0	19.6
Substance use only	77.0	11.4	8.3	* 3.3	100.0	49.9
Combination of mental disorders only(c)	56.5	18.6	18.0	* 6.8	100.0	39.3
Total mental disorders only	64.0	15.0	16.1	4.8	100.0	149.3
Mental disorders and physical conditions—						
Anxiety and physical only	34.9	16.2	29.3	19.7	100.0	27.7
Affective and physical only	36.1	* 19.4	* 20.5	* 24.0	100.0	12.4
Substance use and physical only	65.0	* 10.9	20.0	* 4.1	100.0	26.9
Combination of mental disorders and physical conditions(c)	35.2	* 9.2	36.1	19.5	100.0	23.9
Total mental disorders and physical conditions	44.0	13.2	27.1	15.6	100.0	90.9
Total mental disorders	56.5	14.3	20.3	8.9	100.0	240.2
Total mental disorders or physical conditions	49.6	15.6	23.0	11.8	100.0	604.3
No mental disorders or physical conditions	81.5	9.5	7.1	1.8	100.0	651.0
Total	66.2	12.4	14.8	6.6	100.0	1,255.3

(a) During the twelve months prior to interview. (b) During the four weeks prior to interview, according to the Brief Disability Questionnaire (BDQ). (c) Combinations of mental disorders from more than one of the major groupings (anxiety, affective, and substance use).

TABLE 15. AVERAGE DAYS OUT OF ROLE(a) BY COMORBIDITY OF DISORDERS(b)

	Males	Females	Persons
Physical conditions only	2.8	2.4	2.6
Mental disorders only—			
Anxiety only	2.4	2.8	2.7
Affective only	2.4	3.3	3.1
Substance use only	1.2	1.9	1.4
Combination of mental disorders only(c)	4.3	4.9	4.7
<i>Total mental disorders only</i>	<i>2.2</i>	<i>3.4</i>	<i>2.8</i>
Mental disorders and physical conditions—			
Anxiety and physical only	6.6	5.7	6.1
Affective and physical only	9.5	4.4	6.0
Substance use and physical only	1.4	3.5	2.1
Combination of mental disorders and physical conditions(c)	8.7	6.8	7.6
<i>Total mental disorders and physical conditions</i>	<i>5.1</i>	<i>5.4</i>	<i>5.3</i>
<i>Total mental disorders</i>	<i>3.3</i>	<i>4.1</i>	<i>3.8</i>
<i>Total mental disorders or physical conditions</i>	<i>3.0</i>	<i>3.1</i>	<i>3.0</i>
No mental disorders or physical conditions	0.7	1.1	0.9
Total	1.7	2.1	1.9

(a) During the four weeks prior to interview. See Glossary. (b) During the twelve months prior to interview. (c) Combinations of mental disorders from more than one of the major groupings (anxiety, affective, and substance use).

TABLE 16. PERSONS: COMORBIDITY OF DISORDERS BY SERVICES USED FOR MENTAL HEALTH PROBLEMS(a)

Per cent						
<i>Health services used</i>						
	<i>GP</i>	<i>Other health services(b)</i>	<i>Total who used health services(c)</i>	<i>Total who did not use health services</i>	<i>Total</i>	<i>Total persons ('000)</i>
Males						
Physical conditions only	3.0	2.8	4.8	95.2	100.0	159.1
Mental disorders only—						
Anxiety only	* 14.0	* 6.9	* 17.0	83.0	100.0	11.1
Affective only	* 38.0	* 54.7	* 61.1	* 38.9	100.0	4.0
Substance use only	* 2.4	* 2.6	* 4.5	95.5	100.0	39.5
Combination of mental disorders only(d)	43.6	43.5	50.9	49.1	100.0	16.4
<i>Total mental disorders only</i>	15.7	15.7	20.3	79.7	100.0	70.9
Mental disorders and physical conditions—						
Anxiety and physical only	* 29.7	* 28.2	38.4	61.6	100.0	10.0
Affective and physical only	* 36.4	* 33.2	* 45.4	* 54.6	100.0	3.9
Substance use and physical only	* 6.1	* 9.3	* 10.7	89.3	100.0	19.0
Combination of mental disorders and physical conditions(d)	65.7	49.4	75.7	* 24.3	100.0	10.7
<i>Total mental disorders and physical conditions</i>	28.8	25.6	36.1	63.9	100.0	43.5
<i>Total mental disorders</i>	20.7	19.4	26.3	73.7	100.0	114.5
<i>Total mental disorders or physical conditions</i>	10.4	9.7	13.8	86.2	100.0	273.6
No mental disorders or physical conditions	1.6	1.8	2.7	97.3	100.0	345.7
Total	5.5	5.3	7.6	92.4	100.0	619.4
Females						
Physical conditions only	9.0	5.1	11.6	88.4	100.0	204.9
Mental disorders only—						
Anxiety only	39.6	25.2	44.6	55.4	100.0	29.5
Affective only	40.7	26.1	51.2	48.8	100.0	15.6
Substance use only	* 19.5	* 8.9	* 21.0	79.0	100.0	10.3
Combination of mental disorders only(d)	55.3	54.2	68.1	31.9	100.0	23.0
<i>Total mental disorders only</i>	41.8	31.7	49.7	50.3	100.0	78.4
Mental disorders and physical conditions—						
Anxiety and physical only	36.6	21.0	43.0	57.0	100.0	17.8
Affective and physical only	45.2	* 14.4	52.8	47.2	100.0	8.5
Substance use and physical only	* 10.4	**7.9	* 15.3	84.7	100.0	7.9
Combination of mental disorders and physical conditions(d)	70.6	45.9	77.4	* 22.6	100.0	13.2
<i>Total mental disorders and physical conditions</i>	43.3	24.6	49.7	50.3	100.0	47.4
<i>Total mental disorders</i>	42.3	29.1	49.7	50.3	100.0	125.7
<i>Total mental disorders or physical conditions</i>	21.7	14.2	26.1	73.9	100.0	330.6
No mental disorders or physical conditions	7.1	5.3	9.2	90.8	100.0	305.3
Total	14.7	9.9	17.9	82.1	100.0	635.9

TABLE 16. PERSONS: COMORBIDITY OF DISORDERS BY SERVICES USED FOR MENTAL HEALTH PROBLEMS(a)—continued

Per cent						
	Health services used					
	GP	Other health services(b)	Total who used health services(c)	Total who did not use health services	Total	Total persons ('000)
Persons						
Physical conditions only	6.3	4.1	8.6	91.4	100.0	364.1
Mental disorders only—						
Anxiety only	32.6	20.2	37.1	62.9	100.0	40.5
Affective only	40.1	32.0	53.2	46.8	100.0	19.6
Substance use only	* 5.9	* 3.9	7.9	92.1	100.0	49.9
Combination of mental disorders only(d)	50.4	49.8	60.9	39.1	100.0	39.3
Total mental disorders only	29.4	24.1	35.7	64.3	100.0	149.3
Mental disorders and physical conditions—						
Anxiety and physical only	34.1	23.6	41.3	58.7	100.0	27.7
Affective and physical only	42.4	* 20.3	50.5	49.5	100.0	12.4
Substance use and physical only	* 7.4	* 8.9	* 12.1	87.9	100.0	26.9
Combination of mental disorders and physical conditions(d)	68.4	47.5	76.6	23.4	100.0	23.9
Total mental disorders and physical conditions	36.4	25.1	43.2	56.8	100.0	90.9
Total mental disorders	32.0	24.5	38.6	61.4	100.0	240.2
Total mental disorders or physical conditions	16.6	12.2	20.5	79.5	100.0	604.3
No mental disorders or physical conditions	4.2	3.5	5.7	94.3	100.0	651.0
Total	10.1	7.7	12.9	87.1	100.0	1,255.3

(a) During the twelve months prior to interview. See Glossary for service use definitions. (b) Includes psychiatrist, psychologist, social worker, welfare officer, drug and alcohol counsellor, other counsellor, mental health team, medical specialist, nurse, chemist, ambulance officer, and other health professional. (c) A person may have used more than one service. The components when added may therefore not add to the total shown. Also includes hospital admissions. (d) Combinations of mental disorders from more than one of the major groupings (anxiety, affective, and substance use).

TABLE 17. PERSONS: COMORBIDITY OF DISORDERS BY SERVICES USED FOR MENTAL HEALTH PROBLEMS(a) BY AGE

Per cent						
	Health services used					
	GP	Other health services(b)	Total who used health services(c)	Total who did not use health services	Total	Total persons ('000)
18-34						
Physical conditions only	* 2.9	* 5.3	7.3	92.7	100.0	58.2
Mental disorders only—						
Anxiety only	30.4	20.3	36.1	63.9	100.0	17.1
Affective only	37.9	* 18.1	47.1	52.9	100.0	10.1
Substance use only	* 5.5	* 3.6	* 8.3	91.7	100.0	36.0
Combination of mental disorders only(d)	45.7	48.0	59.6	40.4	100.0	25.3
Total mental disorders only	25.5	21.2	32.8	67.2	100.0	88.5
Mental disorders and physical conditions—						
Anxiety and physical only	* 29.6	* 18.6	* 36.6	63.4	100.0	6.1
Affective and physical only	**	**	* 36.7	* 63.3	* 100.0	* 2.8
Substance use and physical only	—	* 11.3	* 11.3	88.7	100.0	16.8
Combination of mental disorders and physical conditions(d)	48.1	43.6	61.9	38.1	100.0	9.0
Total mental disorders and physical conditions	22.1	21.4	30.9	69.1	100.0	34.6
Total mental disorders	24.6	21.2	32.3	67.7	100.0	123.1
Total mental disorders or physical conditions	17.6	16.1	24.2	75.8	100.0	181.3
No mental disorders or physical conditions	4.9	3.5	6.6	93.4	100.0	265.2
Total	10.1	8.6	13.8	86.2	100.0	446.4
35-64						
Physical conditions only	8.8	5.2	11.3	88.7	100.0	183.3
Mental disorders only—						
Anxiety only	36.3	19.6	38.3	61.7	100.0	22.1
Affective only	42.5	46.8	59.8	40.2	100.0	9.5
Substance use only	* 7.2	**5.0	* 7.2	92.8	100.0	13.4
Combination of mental disorders only(d)	58.4	52.3	62.8	37.2	100.0	13.9
Total mental disorders only	35.9	28.4	40.5	59.5	100.0	58.8
Mental disorders and physical conditions—						
Anxiety and physical only	39.5	29.0	47.3	52.7	100.0	16.1
Affective and physical only	43.4	* 22.2	50.9	49.1	100.0	8.7
Substance use and physical only	* 12.4	**5.6	* 15.2	84.8	100.0	8.8
Combination of mental disorders and physical conditions(d)	82.6	54.1	87.9	* 12.1	100.0	13.8
Total mental disorders and physical conditions	47.7	30.7	53.8	46.2	100.0	47.4
Total mental disorders	41.2	29.4	46.4	53.6	100.0	106.2
Total mental disorders or physical conditions	20.7	14.1	24.2	75.8	100.0	289.5
No mental disorders or physical conditions	4.1	3.8	5.7	94.3	100.0	348.9
Total	11.6	8.4	14.1	85.9	100.0	638.4

(a) During the twelve months prior to interview. See Glossary for service use definitions. (b) Includes psychiatrist, psychologist, social worker, welfare officer, drug and alcohol counsellor, other counsellor, mental health team, medical specialist, nurse, chemist, ambulance officer, and other health professional. (c) A person may have used more than one service. The components when added may therefore not add to the total shown. Also includes hospital admissions. (d) Combinations of mental disorders from more than one of the major groupings (anxiety, affective, and substance use). NOTE: For persons 65 and over estimates are too small to be reported separately.

TABLE 18. PERSONS WITH A MENTAL DISORDER(a): SERVICES USED FOR MENTAL HEALTH PROBLEMS(b)

Per cent					
	Disability status(c)				
	None	Mild	Moderate	Severe	Total
Males					
Health services used—					
General practitioner	13.5	* 18.6	36.0	49.6	20.7
Psychiatrist	* 3.2	* 5.4	* 16.0	40.9	8.5
Psychologist	* 3.9	—	* 6.0	* 24.1	5.6
Other mental health professional(d)	5.9	* 5.1	* 10.5	* 10.8	7.0
Other health professional(e)	4.9	—	* 6.0	* 33.8	7.2
Total who used health services(f)	19.0	22.2	41.8	58.9	26.3
Did not use health services	81.0	77.8	58.2	41.1	73.7
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	71.5	14.8	19.6	8.6	114.5
Females					
Health services used—					
General practitioner	36.2	50.5	46.4	51.2	42.3
Psychiatrist	* 4.2	* 8.6	* 6.9	* 14.4	6.5
Psychologist	8.4	* 15.1	12.0	**4.7	9.9
Other mental health professional(d)	9.3	21.9	13.9	* 15.3	12.9
Other health professional(e)	6.9	* 16.3	16.9	* 15.3	11.5
Total who used health services(f)	45.0	57.2	52.0	56.4	49.7
Did not use health services	55.0	42.8	48.0	43.6	50.3
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	64.1	19.6	29.1	12.8	125.7
Persons					
Health services used—					
General practitioner	24.2	36.8	42.2	50.6	32.0
Psychiatrist	3.6	* 7.2	10.6	25.1	7.5
Psychologist	6.0	9.7	9.6	* 12.5	7.9
Other mental health professional(d)	7.5	14.7	12.5	* 13.5	10.1
Other health professional(e)	5.8	11.1	12.5	22.8	9.5
Total who used health services(f)	31.3	42.2	47.9	57.4	38.6
Did not use health services	68.7	57.8	52.1	42.6	61.4
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	135.6	34.4	48.8	21.4	240.2

(a) Persons who meet criteria for a diagnosis of a mental disorder from the CIDI. See paragraphs 14-18 of the Explanatory Notes. (b) During the twelve months prior to interview. See Glossary for service use definitions. (c) During the four weeks prior to interview, according to the Brief Disability Questionnaire (BDQ). (d) Includes social worker, welfare officer, drug and alcohol counsellor, other counsellor, and mental health team. (e) Includes medical specialist, nurse, chemist, ambulance officer, and other health professional. (f) A person may have used more than one service. The components when added may therefore not add to the total shown. Also includes hospital admissions.

TABLE 19. PERSONS: SERVICES USED FOR MENTAL HEALTH PROBLEMS(a) BY SEX

Per cent					
	Disability status(b)				
	None	Mild	Moderate	Severe	Total
Males					
Health services used—					
General practitioner	3.4	5.8	12.1	15.2	5.5
Psychiatrist	* 0.6	* 1.2	5.5	11.2	1.9
Psychologist	0.9	**0.9	* 2.1	* 7.4	1.5
Other mental health professional(c)	1.3	* 2.0	4.8	* 2.4	1.9
Other health professional(d)	1.2	—	* 4.1	9.7	2.0
Total who used health services(e)	5.1	8.0	15.4	20.6	7.6
Did not use health services	94.9	92.0	84.6	79.4	92.4
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	436.3	70.9	73.9	38.3	619.4
Females					
Health services used—					
General practitioner	11.0	19.4	21.1	21.9	14.7
Psychiatrist	1.0	* 3.4	* 2.9	* 4.1	1.9
Psychologist	2.2	5.1	5.6	* 2.4	3.2
Other mental health professional(c)	2.6	6.1	6.7	8.7	4.2
Other health professional(d)	2.3	5.3	6.8	* 5.9	3.7
Total who used health services(e)	13.9	22.6	25.6	25.3	17.9
Did not use health services	86.1	77.4	74.4	74.7	82.1
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	394.3	85.1	111.7	44.8	635.9
Persons					
Health services used—					
General practitioner	7.1	13.2	17.5	18.8	10.1
Psychiatrist	0.8	2.4	3.9	7.4	1.9
Psychologist	1.5	3.2	4.2	4.7	2.3
Other mental health professional(c)	1.9	4.2	5.9	5.8	3.0
Other health professional(d)	1.7	3.3	5.7	7.6	2.9
Total who used health services(e)	9.3	16.0	21.5	23.1	12.9
Did not use health services	90.7	84.0	78.5	76.9	87.1
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	830.6	156.1	185.5	83.1	1,255.3

(a) During the twelve months prior to interview. See Glossary for service use definitions. (b) During the four weeks prior to interview, according to the Brief Disability Questionnaire (BDQ). (c) Includes social worker, welfare officer, drug and alcohol counsellor, other counsellor, and mental health team. (d) Includes medical specialist, nurse, chemist, ambulance officer, and other health professional. (e) A person may have used more than one service. The components when added may therefore not add to the total shown. Also includes hospital admissions.

TABLE 20. PERSONS: SERVICES USED FOR MENTAL HEALTH PROBLEMS(a) BY AGE

Per cent					
	Disability status(b)				
	None	Mild	Moderate	Severe	Total
18-34					
Health services used—					
General practitioner	7.7	15.9	21.2	29.0	10.1
Psychiatrist	* 0.9	* 2.5	* 3.2	* 11.7	1.5
Psychologist	2.0	* 4.6	9.8	—	2.9
Other mental health professional(c)	2.8	* 7.5	15.2	* 15.7	4.5
Other health professional(d)	1.3	* 3.6	* 5.0	* 8.5	2.0
Total who used health services(e)	11.0	19.9	30.3	29.0	13.8
Did not use health services	89.0	80.1	69.7	71.0	86.2
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	361.2	37.2	35.1	12.9	446.4
35-64					
Health services used—					
General practitioner	7.4	15.5	21.1	21.6	11.6
Psychiatrist	0.8	* 3.0	5.7	9.8	2.4
Psychologist	1.4	* 3.6	4.3	* 7.8	2.6
Other mental health professional(c)	1.4	4.1	5.3	* 6.0	2.7
Other health professional(d)	1.0	* 1.8	3.5	* 7.1	1.9
Total who used health services(e)	9.1	18.3	24.9	28.3	14.1
Did not use health services	90.9	81.7	75.1	71.7	85.9
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	408.3	89.3	101.5	39.3	638.4
65 and over(f)					
Health services used—					
General practitioner	**0.9	* 2.6	7.3	11.0	4.9
Total who used health services(e)	**0.9	* 4.0	8.2	14.1	5.9
Did not use health services	99.1	96.0	91.8	85.9	94.1
Total	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	61.1	29.5	49.0	30.9	170.5

(a) During the twelve months prior to interview. See Glossary for service use definitions. (b) During the four weeks prior to interview, according to the Brief Disability Questionnaire (BDQ). (c) Includes social worker, welfare officer, drug and alcohol counsellor, other counsellor, and mental health team. (d) Includes medical specialist, nurse, chemist, ambulance officer, and other health professional. (e) A person may have used more than one service. The components when added may therefore not add to the total shown. Also includes hospital admissions. (f) For persons 65 and over some estimates are too small to report separately but are included in the totals.

TABLE 21. PERSONS WHO USED SERVICES FOR MENTAL HEALTH PROBLEMS(a)

'000

<i>Perceived need for help</i>	<i>With mental disorder(b)</i>			<i>Without mental disorder(c)</i>		
	<i>Males</i>	<i>Females</i>	<i>Persons</i>	<i>Males</i>	<i>Females</i>	<i>Persons</i>
Information—						
No need	14.4	33.8	48.2	13.1	41.0	54.1
Need fully met	9.4	15.5	24.9	* 2.3	7.8	10.1
Need partially met	* 1.4	4.4	5.8	—	—	—
Need not met	4.9	8.9	13.8	* 1.5	* 2.9	4.4
Total	30.1	62.5	92.6	17.1	51.6	68.7
Medication—						
No need	10.1	19.6	29.7	8.0	28.6	36.7
Need fully met	17.5	35.0	52.6	7.7	19.9	27.6
Need partially met	* 0.9	4.0	4.8	* 1.4	* 2.7	4.1
Need not met	* 1.6	3.9	5.5	—	—	—
Total	30.1	62.5	92.6	17.1	51.6	68.7
Counselling—						
No need	5.0	18.1	23.1	6.2	20.4	26.6
Need fully met	14.1	24.3	38.4	6.9	21.6	28.5
Need partially met	6.8	11.0	17.8	* 3.2	5.6	8.9
Need not met	4.2	9.1	13.3	—	4.0	4.8
Total	30.1	62.5	92.6	17.1	51.6	68.7
Social intervention(d)—						
No need	25.9	54.0	79.9	16.5	48.6	65.0
Need fully met	**0.4	3.4	3.8	—	**0.5	**0.5
Need partially met	—	* 1.0	* 1.0	—	—	—
Need not met	3.8	4.1	7.9	**0.6	* 1.5	* 2.2
Total	30.1	62.5	92.6	17.1	51.6	68.7
Skills training(e)—						
No need	23.1	50.3	73.4	13.0	47.2	60.2
Need fully met	* 2.1	6.3	8.4	* 2.2	* 3.2	5.4
Need partially met	* 1.5	* 1.5	* 3.0	—	—	* 1.3
Need not met	3.4	4.5	7.8	—	—	* 1.8
Total	30.1	62.5	92.6	17.1	51.6	68.7

(a) During the twelve months prior to interview. See Glossary for service use definitions. (b) Persons who meet criteria for a diagnosis of a mental disorder from the CIDI. See paragraphs 14-18 of the Explanatory Notes. (c) Persons who did not meet criteria for a diagnosis of a mental disorder from the CIDI. (d) Help to sort out practical issues, such as housing or money problems. (e) Help to improve ability to work, to care for self or to use time.

TABLE 22. PERSONS WHO USED SERVICES FOR MENTAL HEALTH PROBLEMS(a)

Per cent

<i>Perceived need for help</i>	<i>With mental disorder(b)</i>			<i>Without mental disorder(c)</i>		
	<i>Males</i>	<i>Females</i>	<i>Persons</i>	<i>Males</i>	<i>Females</i>	<i>Persons</i>
Information—						
No need	47.7	54.1	52.0	76.8	79.3	78.7
Need fully met	31.3	24.7	26.9	* 13.4	15.1	14.6
Need partially met	* 4.8	7.0	6.3	—	—	—
Need not met	16.2	14.2	14.9	* 8.6	* 5.6	6.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Medication—						
No need	33.5	31.4	32.1	46.9	55.5	53.4
Need fully met	58.2	56.0	56.7	44.9	38.6	40.1
Need partially met	* 2.8	6.4	5.2	* 8.2	* 5.3	6.0
Need not met	* 5.4	6.2	5.9	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0
Counselling—						
No need	16.6	28.9	24.9	36.4	39.4	38.7
Need fully met	46.9	38.9	41.5	40.5	41.8	41.5
Need partially met	22.6	17.5	19.2	* 18.9	10.9	12.9
Need not met	13.9	14.6	14.4	—	7.8	6.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Social intervention(d)—						
No need	86.0	86.4	86.3	96.3	94.1	94.6
Need fully met	**1.3	5.4	4.1	—	**1.0	**0.8
Need partially met	—	* 1.6	* 1.1	—	—	—
Need not met	12.7	6.6	8.6	**3.7	* 3.0	* 3.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Skills training(e)—						
No need	76.7	80.4	79.2	76.0	91.4	87.6
Need fully met	* 7.1	10.1	9.1	* 12.9	* 6.3	7.9
Need partially met	* 5.1	* 2.3	* 3.2	—	—	* 1.9
Need not met	11.2	7.1	8.4	—	—	* 2.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total persons ('000)	30.1	62.5	92.6	17.1	51.6	68.7

(a) During the twelve months prior to interview. See Glossary for service use definitions. (b) Persons who meet criteria for a diagnosis of a mental disorder from the CIDI. See paragraphs 14-18 of the Explanatory Notes. (c) Persons who did not meet criteria for a diagnosis of a mental disorder from the CIDI. (d) Help to sort out practical issues, such as housing or money problems. (e) Help to improve ability to work, to care for self or to use time.

TABLE 23. PERSONS WITH A MENTAL DISORDER(a) WHO DID NOT USE SERVICES FOR MENTAL HEALTH PROBLEMS(b)

	<i>Males</i>		<i>Females</i>		<i>Persons</i>	
<i>Perceived need for help</i>	<i>'000</i>	<i>%</i>	<i>'000</i>	<i>%</i>	<i>'000</i>	<i>%</i>
Information—						
No need	60.9	72.2	50.6	80.1	111.5	75.6
Need not met	6.0	7.1	7.7	12.2	13.7	9.3
Not stated	17.5	20.7	4.9	7.7	22.3	15.1
Total	84.3	100.0	63.2	100.0	147.6	100.0
Medication—						
No need	62.5	74.1	57.3	90.6	119.8	81.2
Need not met	4.4	5.2	* 1.1	* 1.7	5.4	3.7
Not stated	17.5	20.7	4.9	7.7	22.3	15.1
Total	84.3	100.0	63.2	100.0	147.6	100.0
Counselling—						
No need	56.2	66.7	39.8	62.9	96.0	65.1
Need not met	10.7	12.7	18.6	29.4	29.2	19.8
Not stated	17.5	20.7	4.9	7.7	22.3	15.1
Total	84.3	100.0	63.2	100.0	147.6	100.0
Social intervention(c)—						
No need	61.4	72.8	53.0	83.8	114.4	77.5
Need not met	5.5	6.5	5.3	8.5	10.8	7.3
Not stated	17.5	20.7	4.9	7.7	22.3	15.1
Total	84.3	100.0	63.2	100.0	147.6	100.0
Skills training(d)—						
No need	63.8	75.7	54.8	86.6	118.6	80.4
Need not met	* 3.1	* 3.7	3.6	5.6	6.6	4.5
Not stated	17.5	20.7	4.9	7.7	22.3	15.1
Total	84.3	100.0	63.2	100.0	147.6	100.0

(a) Persons who meet criteria for a diagnosis of a mental disorder from the CIDI. See paragraphs 14-18 of the Explanatory Notes. (b) During the twelve months prior to interview. See Glossary for service use definitions. (c) Help to sort out practical issues, such as housing or money problems. (d) Help to improve ability to work, to care for self or to use time.

EXPLANATORY NOTES

INTRODUCTION

1 The National Survey of Mental Health and Wellbeing of Adults (SMHWB) was conducted throughout Australia from May to August 1997. The survey was an initiative of, and funded by, the Mental Health Branch of the Commonwealth Department of Health and Aged Care (formerly the Department of Health and Family Services (HFS)) as part of the National Mental Health Strategy (NMHS). At the request of the Health Department of Western Australia, an additional Western Australian survey was conducted from September 1997 to May 1998 in order to increase the total sample.

2 The SMHWB was designed to provide information on the prevalence of a range of major mental disorders, the level of disability associated with these disorders, and health services used and help needed as a consequence of a mental health problem for Australians aged 18 years or more. This information will assist monitoring initiatives of the NMHS and provide baselines against which future activity can be compared and evaluated.

3 The SMHWB was conducted under the *Census and Statistics Act 1905* on a voluntary basis.

SCOPE

4 The SMHWB consisted of a representative sample of residents of private dwellings (houses, flats, home units etc.) across both urban and rural areas. The survey sample excluded special dwellings (such as hospitals, nursing homes, hotels and hostels etc.), and dwellings in remote and sparsely settled parts of Australia.

5 The survey also excluded persons from overseas holidaying in Australia, members of non-Australian defence forces and their dependants stationed in Australia, and households containing non-Australian diplomatic personnel.

SURVEY DESIGN

6 One of the aims of the combined national and supplementary surveys for Western Australia was to obtain estimated prevalence rates for Mental Health Areas.

7 Dwellings were selected at random using a stratified multi-stage area sample which ensured that each dwelling within the same stratum had a known and equal chance of selection in the survey.

8 The national sample was allocated across each State and part of State, while the supplementary sample was allocated across each Mental Health Area (North, East, South East, South-West, Great Southern, South West, Midwest, Goldfields, Midlands, North West). The national sample was allocated proportional to the number of persons aged 18 years and over living in private dwellings in scope of the survey. For the supplementary sample, the allocation was as close to a proportional allocation as practical issues would allow.

9 The area-based selection ensured that all sections of the population living in private dwellings within the geographical scope of the survey were represented in the sample.

EXPLANATORY NOTES *continued*

SURVEY DESIGN *continued*

10 Some 6,300 private dwellings were selected in the combined sample (see following table for main and supplementary sample numbers). Trained Australian Bureau of Statistics (ABS) interviewers approached approximately 5,400 dwellings (after those out of scope, vacant dwellings and dwellings under construction were excluded). Interviewers initially collected demographic details including age, sex and date of birth for all usual residents of selected dwellings. One person aged 18 years or over from each dwelling was then randomly chosen to participate in the survey and interviewed personally. The estimates contained in this publication are based on information obtained from approximately 4,400 people, representing a response rate of 82%.

RESPONSE STATUS

	no.	%
National survey		
Dwellings selected	1 389	—
Effective sample size	1 229	100.0
Fully responding	1 024	83.3
Western Australian survey		
Dwellings selected	4 871	—
Effective sample size	4 190	100.0
Fully responding	3 407	81.3
Combined		
Dwellings selected	6 260	—
Effective sample size	5 419	100.0
Fully responding	4 431	81.8

SAMPLE DISTRIBUTION

	no.
Metropolitan	
East	585
North	1 025
South East	647
South-West	679
Non-metropolitan	
Great Southern	275
South West	430
Midwest	237
Goldfields	142
Midlands	203
North West	208

11 For this survey proxy, interpreted or foreign language interviews were not conducted. Additionally, interviewers requested that the interviews take place in private.

METHODOLOGY

12 The World Health Organization (WHO) Training and Reference Centre for CIDI in Australia (The WHO Centre), contracted by the then HFS, developed a computer-based interview to collect the survey data. Topics covered in the survey included:

- demographic and socioeconomic characteristics
- physical conditions
- mental disorders
- disability
- health service use
- perceived health needs

Selected mental disorders

13 The survey collected information on a range of major mental disorders. This group of disorders are those which the Technical Advisory Committee considered to have the highest rates of prevalence in the population and which were also able to be identified in an interviewer-based household survey. The disorders covered in this publication are:

- Anxiety disorders
 - ◆ Panic disorder
 - ◆ Agoraphobia
 - ◆ Social phobia
 - ◆ Generalised anxiety disorder
 - ◆ Obsessive-compulsive disorder
 - ◆ Post-traumatic stress disorder
- Affective disorders
 - ◆ Depression
 - ◆ Dysthymia
 - ◆ Mania
 - ◆ Hypomania
 - ◆ Bipolar affective disorder
- Alcohol use disorders
 - ◆ Harmful use
 - ◆ Dependence
- Drug use disorders
 - ◆ Harmful use
 - ◆ Dependence

Composite International Diagnostic Interview

14 Measuring mental health in the community through household surveys is a complex task, as mental disorder is usually determined through clinical diagnoses. The SMHWB required a collection instrument that would accurately estimate the prevalence of specific mental disorders. The Composite International Diagnostic Interview (CIDI) was chosen because it:

- provides a fully structured diagnostic interview;
- is designed to be administered by lay interviewers;
- is a widely used instrument in epidemiological surveys; and
- is supported by a network of international centres overseen by a WHO steering committee.

Composite International Diagnostic Interview *continued*

15 The CIDI was initially produced as part of a major joint project between the WHO and the US Alcohol, Drug Abuse and Mental Health Administration during the 1980s. The CIDI is a comprehensive interview for adults which can be used to assess current and lifetime prevalence of mental disorders through the measurement of symptoms and their impact on day-to-day activities.

16 The WHO Centre developed a modified version of the CIDI for the SMHWB.

17 As part of the CIDI, probe questions are asked when a respondent is identified as having a symptom. These questions are designed to identify severity or clinical significance, whether the symptom was always caused by drugs, medicines, alcohol, physical illness or injury, or whether the symptom was due to mental disorder.

18 The questions in the CIDI are written to represent the criteria for a subset of mental disorders defined by the International Classification of Diseases—10th revision (ICD–10) and these are presented in this publication. A small number of additional questions are included so that criteria of the Diagnostic and Statistical Manual of Mental Disorders—4th revision (DSM–IV) can be identified. Responses to the questions are put together by computer algorithms, first to assess each criterion, and then to combine criteria into diagnoses. Since the release of the initial publication, *Mental Health and Wellbeing: Profile of Adults, Australia, 1997* (ABS Cat. no. 4326.0), it has emerged that the survey instrument did not correctly establish diagnoses of mania, hypomania, and therefore bipolar affective disorder (see paragraph 30 of the Explanatory Notes). Further details on the criteria for mental disorder diagnosis are contained in *National Survey of Mental Health and Wellbeing of Adults: Users' Guide, 1997* (ABS Cat. no. 4327.0)

Disability

19 This survey used a number of different measures of disability: the Brief Disability Questionnaire (BDQ), the Short Form–12 (SF–12) and Days out of role (see Appendixes 1 and 2, and Glossary). These were selected by the Technical Advisory Committee to allow comparison with previous Australian research as well as with overseas studies. The disability items used in this survey differ from those used in the ABS Survey of Disability, Ageing and Carers, which is based on the WHO International Classification of Impairments, Disabilities and Handicaps, and takes into account physical, intellectual and social functioning.

Health service utilisation

20 Respondents were asked about their health service utilisation for mental health problems and/or physical conditions. They were not asked these questions in relation to specific problems or conditions. Health service utilisation covered admissions to hospitals and consultations with a range of health professionals. Respondents were also asked about the number and length of admissions to hospital; and the number of, and venues for, consultations with health professionals.

EXPLANATORY NOTES *continued*

Perceived health needs

21 Perceived health need questions were designed to identify whether people received the help they needed. Those who had used services for a mental health problem in the 12 months prior to interview were asked if they had received all the help they required. Those who indicated that their main health problem during the 12 months prior to interview was mental, but had not used health services, were asked whether they needed help (see Glossary).

Definitions

22 Definitions for those items covered in this publication are provided in the Glossary. Comprehensive details of all the concepts, methodologies and procedures used in this survey are provided in *National Survey of Mental Health and Wellbeing of Adults: Users' Guide, 1997* (ABS Cat. no. 4327.0).

ESTIMATION PROCEDURES

23 The estimation procedure developed for the Western Australian survey ensures that survey estimates in this publication conform to independently estimated population distributions for the June quarter of 1997 at Mental Health Area (North, East, South East, South-West, Great Southern, South West, Midwest, Goldfields, Midlands, North West), age group and sex level.

24 The estimation procedure developed for the Western Australian survey differs from that used for the national survey. For the national survey a projected estimated resident population for June 1997 was used, while for the Western Australian survey, the actual June 1997 estimated resident population figures were available. Further, in the national sample sparsely settled areas were excluded from the benchmarks for the Northern Territory only (i.e. they were not excluded from the other States, as the differences were not seen to be significant). For the Western Australian survey, sparsely settled areas were excluded from the benchmarks as more detailed geographic areas were involved, and the impact on the estimates was considered to be significant.

RELIABILITY OF ESTIMATES

25 Since the estimates are based on a sample they are subject to sampling variability (see Technical Notes for further details). In this publication, only estimates with relative standard errors (RSEs) less than 25% are considered sufficiently reliable for most purposes. However, estimates with RSEs between 25% and less than 50% have been included and are preceded by an asterisk (e.g. *4.3) to indicate they are subject to high standard errors and should be used with caution. Estimates with RSEs of 50% or more are also included and are preceded by a double asterisk (e.g. **0.1). Such estimates are considered too unreliable for general use.

26 In addition to sampling errors, the estimates are subject to non-sampling errors. These may be caused by errors in reporting (e.g. because some answers were based on memory, or because of misunderstanding or unwillingness of respondents to reveal all details) or errors arising during processing (e.g. coding, data recording). Such errors may occur in any statistical collection whether it is a full census count or a sample survey. Every effort is made to reduce non-sampling errors in the survey to a minimum by careful design and testing of questionnaires, by intensive training and supervision of interviewers, and by efficient operating procedures.

EXPLANATORY NOTES *continued*

RELIABILITY OF ESTIMATES *continued*

27 Non-response bias is another type of non-sampling error. Non-response bias may occur when people cannot or will not cooperate, or cannot be contacted. Non-response can introduce a bias to the results obtained in that non-respondents may have different characteristics and behaviour patterns in relation to their health than those persons who responded to the survey. No specific adjustment has been carried out to allow for this bias.

INTERPRETATION OF RESULTS

28 Information recorded in this survey is essentially 'as reported' by respondents, and hence may differ from that which might be obtained from other sources or via other methodologies. This factor should be considered in interpreting the estimates in this publication. There may also be some instances of under-reporting as a consequence of respondents being unwilling to talk about particular experiences, behaviours or conditions at an interview.

29 In terms of physical conditions, reported information was not medically verified, and was not necessarily based on diagnoses by a medical practitioner. In terms of mental disorders, the CIDI makes diagnoses against specific criteria. It has no facility for subjective interpretation. Hence, it cannot always replicate diagnoses made by a health professional. Conditions which have a considerable effect on people are likely to be better reported than those which have little effect. Some people may be unaware of minor conditions, and occasionally may have serious conditions which have not been diagnosed.

30 Due to a problem in the instrument identified since the release of the initial publication, responses from respondents who indicated that they had not been abnormally happy or excited, but had been unusually irritable, were not coded to the computer file during the computer-assisted interview. As a result, the survey does not provide a prevalence rate for hypomania, mania and therefore, bipolar affective disorder. Therefore it is likely that published data slightly underestimate the prevalence of affective disorders.

31 In addition, results of previous surveys of alcohol and illegal drug consumption suggest a tendency for respondents to under-report actual consumption levels.

32 The labour force questions used in this survey were based on the standard ABS minimum question set. However, the question to determine whether the respondent actively looked for work differed slightly. Therefore, the data on employment status is not directly comparable with that from other ABS surveys. In addition, a number of additional, non-standard labour force items were included. Further details are contained in *National Survey of Mental Health and Wellbeing of Adults: Users' Guide, 1997* (ABS Cat. no. 4327.0).

33 The highest educational qualification items used in this survey comprised a slightly abridged version of the standard ABS level of attainment questions. Postgraduate qualifications were collected under one category, rather than through a more detailed breakdown. The survey also included a number of additional non-standard items on education. Further details are contained in *National Survey of Mental Health and Wellbeing of Adults: Users' Guide, 1997* (ABS Cat. no. 4327.0).

EXPLANATORY NOTES *continued*

INTERPRETATION OF RESULTS *continued*

34 The exclusion from the survey of people currently in special dwellings (e.g. hotels, boarding houses and institutions) and homeless people will have affected the results. It is therefore likely that the survey underestimates the prevalence of mental disorder in the Western Australian population.

AGE STANDARDISATION

35 Standardisation is a technique used when comparing estimates for populations which have different structures. Where indicated in the text and tables in this publication, prevalence rates for disorders have been age standardised.

36 These standardised rates show the prevalence rates which would occur in different populations if they had the same age composition as the standard population. The standard population used in the publication is the estimated total Australian population used in the SMHWB. Age standardised male and female rates are comparable. Person estimates have been age-sex standardised. It is important to note that this differs from the technique used in *Mental Health and Wellbeing: Profile of Adults, Australia, 1997* (ABS Cat. no. 4326.0), where the person estimates were age standardised only.

37 For example, the prevalence of mental disorders among women who have never been married was 30% compared to 11% among widowed women (see table 5). However, people who have never been married are generally younger than those who have been widowed. Therefore, because mental disorder is age-related, the difference between the prevalence rates of mental disorder for these two groups is partly due to their different age profiles. When the age rates within each of these groups are applied to the same population profile, then the age standardised rate for women who have never been married decreased to 18% and the prevalence for widowed women increased to 22% (see table 6).

RELATED PUBLICATIONS

38 Current publications produced by the ABS are listed in the *Catalogue of Publications and Products* (ABS Cat. no. 1101.0). The ABS also issues, on Tuesdays and Fridays, a *Release Advice* (ABS Cat. no. 1105.0) which lists publications to be released in the next few days. The Catalogue and Release Advice are available from any ABS office.

39 The following publications on the national survey have been released:

Mental Health and Wellbeing: Profile of Adults, Australia, 1997
(ABS Cat. no. 4326.0)

National Survey of Mental Health and Wellbeing of Adults: Users' Guide, 1997
(ABS Cat. no. 4327.0)

Information Paper: Mental Health and Wellbeing of Adults, Australia, Confidentialised Unit Record File, 1997 (ABS Cat. no. 4329.0)

40 Other ABS publications which may be of interest include:

National Health Survey: Summary Results, Australian States and Territories, 1995 (ABS Cat. no. 4368.0)

Western Australian Child Health Survey: Developing Health and Well-being in the Nineties, 1995 (ABS Cat. no. 4303.5)—a joint publication of the ABS and Institute for Child Health Research (Western Australia).

EXPLANATORY NOTES *continued*

SYMBOLS AND OTHER USAGES

Abbreviations

ABS	Australian Bureau of Statistics
BDQ	Brief Disability Questionnaire
CIDI	Composite International Diagnostic Interview
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders —fourth edition
HFS	Commonwealth Department of Health and Family Services
ICD-10	International Classification of Diseases—10th revision
MCS	Mental Component Summary
MOS	Medical Outcomes Study
NMHS	National Mental Health Strategy
PCS	Physical Component Summary
RSE	Relative standard error
SE	Standard error
SF-12	Short Form-12
SMHWB	1997 National Survey of Mental Health and Wellbeing of Adults
US	United States
WHO	World Health Organization
The WHO Centre	The World Health Organization Training and Reference Centre for CIDI in Australia

Symbols

*	Relative standard error of between 25% and less than 50%
**	Relative standard error of 50% or more
—	nil or rounded to zero

APPENDIX 1

BRIEF DISABILITY QUESTIONNAIRE (BDQ)

The Brief Disability Questionnaire (BDQ) is a standard questionnaire containing eight questions which measures general levels of disability. It is an eight-item scale which emphasises physical aspects of disability. Respondents are asked whether they are limited because of health problems in a number of activities such as running or sports; carrying groceries; climbing stairs; bending, lifting or stooping; walking long distances and bathing or using the toilet. They are also asked whether they have cut down or stopped activities, had decreased motivation or personal efficiency, or a deterioration in their social relations. The items in the BDQ refer to the four weeks prior to the interview.

For this publication, the Medical Outcomes Study (MOS) method of scoring (scale of 0–16) was used. A high score indicates that the respondent has been limited in their activities by health problems.

The BDQ differs from the measures of disability used in the Australian Bureau of Statistics Survey of Disability, Ageing and Carers, which are based on the World Health Organization's International Classification of Impairments, Disabilities and Handicaps, and takes into account physical, intellectual and social functioning.

BDQ MEAN(a) BY COMORBIDITY OF DISORDERS(b)

	Age group (years)			
	18-24	25-44	45 and over	Total
	Males			
Physical conditions only	1.5	3.0	4.8	4.2
Mental disorders only—				
Anxiety only	* 2.7	3.6	3.3	3.3
Affective only	**2.0	1.7	**3.5	1.9
Substance use only	1.0	2.2	1.7	1.7
Combination of mental disorders only(c)	2.4	2.9	4.2	3.0
Total mental disorders only	1.5	2.4	3.1	2.3
Mental disorders and physical conditions—				
Anxiety and physical only	—	3.3	5.0	4.2
Affective and physical only	**2.0	* 2.9	* 9.1	6.2
Substance use and physical only	0.7	3.0	5.0	2.5
Combination of mental disorders and physical conditions(c)	* 2.5	6.5	8.8	6.3
Total mental disorders and physical conditions	1.2	3.9	6.5	4.1
Total mental disorders	1.4	2.9	5.0	3.0
Total mental disorders or physical conditions	1.4	2.9	4.9	3.7
No mental disorders or physical conditions	0.5	1.1	1.8	1.3
Total	0.9	1.8	3.5	2.3

APPENDIX 1 *continued*

BDQ MEAN(a) BY COMORBIDITY OF DISORDERS(b)—continued

	Age group (years)			
	18-24	25-44	45 and over	Total
Females				
Physical conditions only	2.4	2.6	4.8	4.2
Mental disorders only—				
Anxiety only	4.2	2.4	4.6	3.3
Affective only	1.9	2.3	* 2.7	2.2
Substance use only	2.8	1.9	* 2.9	2.3
Combination of mental disorders only(c)	3.0	3.2	* 4.9	3.2
Total mental disorders only	2.9	2.6	4.2	2.9
Mental disorders and physical conditions—				
Anxiety and physical only	* 2.8	3.3	7.9	6.0
Affective and physical only	**1.4	3.9	5.9	4.8
Substance use and physical only	1.4	* 4.0	* 6.1	3.2
Combination of mental disorders and physical conditions(c)	3.2	4.7	7.5	5.3
Total mental disorders and physical conditions	2.3	3.9	7.3	5.1
Total mental disorders	2.7	3.0	6.0	3.8
Total mental disorders or physical conditions	2.6	2.8	5.0	4.0
No mental disorders or physical conditions	1.1	1.3	2.0	1.5
Total	1.8	1.9	4.0	2.8
Persons				
Physical conditions only	2.0	2.8	4.8	4.2
Mental disorders only—				
Anxiety only	3.8	2.6	4.1	3.3
Affective only	1.9	2.1	* 2.8	2.2
Substance use only	1.4	2.1	1.9	1.9
Combination of mental disorders only(c)	2.7	3.1	4.4	3.2
Total mental disorders only	2.2	2.5	3.6	2.6
Mental disorders and physical conditions—				
Anxiety and physical only	* 2.8	3.3	7.0	5.4
Affective and physical only	* 1.7	3.6	6.9	5.2
Substance use and physical only	0.9	3.3	5.3	2.7
Combination of mental disorders and physical conditions(c)	2.9	5.5	8.1	5.8
Total mental disorders and physical conditions	1.6	3.9	6.9	4.7
Total mental disorders	2.0	2.9	5.6	3.4
Total mental disorders or physical conditions	2.0	2.9	5.0	3.9
No mental disorders or physical conditions	0.8	1.2	1.9	1.4
Total	1.3	1.8	3.7	2.6

(a) During the four weeks prior to interview, according to the Brief Disability Questionnaire(BDQ). (b) During the twelve months prior to interview. (c) Combinations of mental disorders from more than one of the major groupings (anxiety, affective, and substance use).

APPENDIX 2

SHORT FORM-12 (SF-12)

The Short Form-12 (SF-12) is a standard international instrument containing twelve questions which provides a generic measure of health status. It may also be considered as a measure of disability because it addresses limitations due to physical and mental health. The SF-12 measures eight concepts: physical functioning, role limitations due to physical health problems, bodily pain, general health, vitality (energy/fatigue), social functioning, role limitations due to emotional problems, and mental health (psychological distress and psychological wellbeing). For this survey, most items in the scale refer to the four weeks prior to the interview.

From these items the Physical Component Summary (PCS) and the Mental Component Summary (MCS) are derived. The PCS focuses mainly on limitations in physical functioning, role limitations due to physical health problems, bodily pain and general health. The MCS focuses mainly on role limitations due to emotional problems, social functioning, mental health and vitality.

The PCS and MCS are scored using norm-based methods. Physical and mental regression weights and a constant for both measures came from the general population of the United States. Both scales are transformed to have a mean of 50 and a standard deviation of 10 in the general United States population. A lower score indicates a greater degree of disability.

SF-12 MEAN(a) BY COMORBIDITY OF DISORDERS(b)

	<i>Males</i>		<i>Females</i>		<i>Persons</i>	
	<i>SF-12 PCS(c)</i>	<i>SF-12 MCS(d)</i>	<i>SF-12 PCS(c)</i>	<i>SF-12 MCS(d)</i>	<i>SF-12 PCS(c)</i>	<i>SF-12 MCS(d)</i>
Physical conditions only	44.46	53.82	45.25	53.12	44.90	53.43
Mental disorders only—						
Anxiety only	46.85	49.90	49.55	43.66	48.81	45.36
Affective only	54.79	44.55	48.80	44.69	50.02	44.66
Substance use only	51.90	50.82	51.82	49.78	51.88	50.61
Combination of mental disorders only(e)	49.54	40.72	50.86	37.26	50.31	38.70
<i>Total mental disorders only</i>	<i>50.73</i>	<i>48.00</i>	<i>50.09</i>	<i>42.80</i>	<i>50.39</i>	<i>45.27</i>
Mental disorders and physical conditions—						
Anxiety and physical only	43.27	45.27	40.91	43.98	41.76	44.44
Affective and physical only	40.28	43.76	43.81	44.69	42.70	44.40
Substance use and physical only	48.90	50.64	48.38	49.11	48.75	50.19
Combination of mental disorders and physical conditions(e)	43.66	38.18	43.84	37.68	43.76	37.90
<i>Total mental disorders and physical conditions</i>	<i>45.55</i>	<i>45.74</i>	<i>43.49</i>	<i>43.20</i>	<i>44.48</i>	<i>44.42</i>
<i>Total mental disorders</i>	<i>48.76</i>	<i>47.14</i>	<i>47.60</i>	<i>42.95</i>	<i>48.15</i>	<i>44.95</i>
<i>Total mental disorders or physical conditions</i>	<i>46.26</i>	<i>51.02</i>	<i>46.14</i>	<i>49.25</i>	<i>46.20</i>	<i>50.05</i>
No mental disorders or physical conditions	52.40	54.63	52.16	52.90	52.29	53.82
Total	49.69	53.04	49.03	51.00	49.36	52.01

(a) During the four weeks prior to interview (b) During the twelve months prior to interview. (c) Physical component summary. (d) Mental component summary.
(e) Combinations of mental disorders from more than one of the major groupings (anxiety, affective, and substance use).

TECHNICAL NOTES

ESTIMATION PROCEDURES

Estimates from the survey were derived using a complex estimation procedure which ensures that survey estimates conform to independent population estimates by Mental Health Area, age and sex.

RELIABILITY OF THE ESTIMATES

Two types of error are possible in an estimate based on a sample survey: sampling error and non-sampling error. The sampling error is a measure of the variability that occurs by chance because a sample, rather than the entire population, is surveyed. Since the estimates in this publication are based on information obtained from occupants of a sample of dwellings they are subject to sampling variability; that is they may differ from the figures that would have been produced if all dwellings had been included in the survey. One measure of the likely difference is given by the standard error (SE). There are about two chances in three that a sample estimate will differ by less than one SE from the figure that would have been obtained if all dwellings had been included, and about 19 chances in 20 that the difference will be less than two SEs. Another measure of the likely difference is the relative standard error (RSE), which is obtained by expressing the SE as a percentage of the estimate. The RSE is a useful measure in that it provides an immediate indication of the percentage errors likely to have occurred due to sampling, and thus avoids the need to refer also to the size of the estimate.

The imprecision due to sampling variability, which is measured by the SE, should not be confused with inaccuracies that may occur because of imperfections in reporting by interviewers and respondents, and errors made in coding and processing of data. Inaccuracies of this kind are referred to as the non-sampling error, and they may occur in any enumeration, whether it be in a full count or only a sample. In practice, the potential for non-sampling error adds to the uncertainty of the estimates caused by sampling variability. However, it is not possible to quantify the non-sampling error.

Space does not allow for the separate indication of the SEs of all estimates in this publication. A table of SEs and RSEs for estimates of numbers of persons is given in table T1. These figures will not give a precise measure of the SE for a particular estimate but will provide an indication of its magnitude.

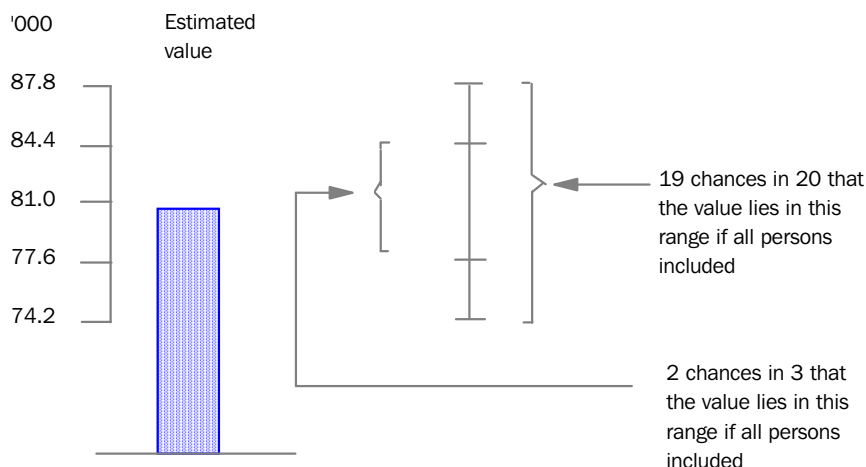
CALCULATION OF STANDARD ERRORS

As the SEs in table T1 show, the smaller the estimate the higher is the RSE. Very small estimates are subject to such high SEs (relative to the size of the estimate) as to detract seriously from their value for most reasonable uses. In the tables in this publication, only estimates with RSEs less than 25% are considered sufficiently reliable for most purposes. However, estimates with larger RSEs, between 25% and less than 50% have been included and are preceded by an asterisk (e.g. *3.4) to indicate they are subject to high SEs and should be used with caution. Estimates with RSEs of 50% or more are preceded with a double asterisk (e.g. **3.4). Such estimates are considered unreliable for most uses.

Table 1 shows that the estimated number of persons who had an affective disorder in the last 12 months was 81,000. The size of the estimate lies between 50,000 and 100,000. The corresponding SEs for these two numbers in table T1 are 2,900 and 3,750. The SE for 81,000 is calculated by interpolation using the following formula:

$$\begin{aligned} \text{SE} &= \text{lower SE} + ((\text{size of estimate} - \text{lower size}) / (\text{upper size} - \text{lower size})) \times \\ &\quad (\text{upper SE} - \text{lower SE}) \\ &= 2,900 + ((81,000 - 50,000) / (100,000 - 50,000)) \times (3,750 - 2,900) \\ &= 3,400 \text{ (rounded to the nearest hundred)} \end{aligned}$$

Therefore, there are about two chances in three that the value that would have been produced if all dwellings had been included in the survey will fall in the range of 84,400 to 77,600 and about 19 chances in 20 that the value will fall within the range 87,800 to 74,200. This example is illustrated in the following diagram.



STANDARD ERRORS OF PROPORTIONS AND PERCENTAGES

Proportions and percentages formed from the ratio of two estimates are also subject to sampling errors. The size of the error depends on the accuracy of both the numerator and the denominator. A formula to approximate the RSE of a proportion or percentage (based on person estimates) is given below:

$$RSE (x/y) = \sqrt{([RSE(x)]^2 - [RSE(y)]^2)}$$

In using the formula, the numerator(x) and denominator(y) will be estimates over subsets of the total population. The formula is valid only when the set for the numerator is a subset of the set for the denominator. As an example, referring to table 2, 8.5% of males aged 18–24 years experienced an anxiety disorder during the last 12 months. From table 2, it can be calculated that the numerator is approximately 7,600 and the denominator is approximately 89,900. The SE of 89,900 is approximately 3,600, so the RSE is 4.0%. The SE of 7,600 is approximately 1,200, so the RSE is 15.8%. Applying the above formula, the RSE of the percentage is $\sqrt{[(15.8)^2 - (4.0)^2]}$ or 15.3%, giving a SE for the proportion (8.5%) of 1.3 percentage points. Therefore, there are about two chances in three that the percentage of men aged 18–24 years who experienced an anxiety disorder is between 9.8% and 7.2% and 19 chances in 20 that the proportion is within the range 11.1% and 5.9%.

For estimates of subpopulations where one is not a subset of the other, the following approximate formula may be used:

$$RSE (x/y) = \sqrt{([RSE(x)]^2 + [RSE(y)]^2)}$$

STANDARD ERRORS OF DIFFERENCES

As with estimates of proportions and percentages, published figures may also be used to estimate the difference between survey estimates (of numbers or percentages). Such a figure is itself an estimate and is subject to sampling error. The sampling error of the difference between two estimates depends on their SEs and the relationship (correlation) between them.

An approximate SE of the difference between two estimates (x–y) may be calculated by the following formula:

$$SE (x-y) = \sqrt{[SE(x)]^2 + [SE(y)]^2}$$

While this formula will only be exact for differences between separate and uncorrelated characteristics or subpopulations it is likely to give reasonable SE estimates for the differences likely to be of interest in this publication.

STANDARD ERRORS OF STANDARDISED RATES

For age standardised rates for Western Australia, there is little difference in calculating RSEs to those given in table T1. Calculations of SEs for age standardised rates therefore remain as described above.

T1 SE AND RSE(a) OF PERSON ESTIMATES

.....

	SE	RSE(a)
Size of estimate	no.	%
.....		
(b)500	280	56.0
(c)700	340	49.0
(c)1 000	420	42.3
(c)1 500	530	35.5
(c)2 000	630	31.3
(c)2 500	700	28.2
(c)3 000	800	25.9
3 500	850	24.1
4 000	900	22.6
5 000	1 000	20.3
7 000	1 200	17.1
10 000	1 400	14.2
15 000	1 700	11.5
20 000	1 950	9.8
30 000	2 350	7.8
40 000	2 650	6.6
50 000	2 900	5.8
100 000	3 750	3.8
150 000	4 350	2.9
200 000	4 800	2.4
300 000	5 500	1.8
500 000	6 450	1.3
1 000 000	7 800	0.8
2 000 000	9 250	0.5

.....

- (a) Shows the SE for Western Australia as a percentage of the estimate.
- (b) Estimates with a RSE of 50% or more. These estimates are considered unreliable for most purposes.
- (c) Estimates with a RSE between 25% and less than 50%. These estimates should be treated with caution.

GLOSSARY

Affective disorders	A mood disturbance. Includes mania, hypomania, bipolar affective disorder, depression and dysthymia.
Agoraphobia	Fear of being in public places from which it may be difficult to escape. Includes fears of leaving home, entering shops, crowds, or travelling in trains, buses or planes. A compelling desire to avoid the phobic situation is often prominent.
Anxiety disorders	Feelings of tension, distress or nervousness. Includes Agoraphobia, Social phobia, Panic disorder, Generalised anxiety disorder, Obsessive-compulsive disorder, and Post-traumatic stress disorder.
Bipolar affective disorder	Characterised by repeated episodes in which the person's mood and activity levels are significantly disturbed—on some occasions lowered (depression) and on some occasions elevated (mania or hypomania).
Brief Disability Questionnaire	A standard questionnaire which measures general levels of disability. For this publication, the Medical Outcomes Study (MOS) method of scoring (scale of 0–16) was used (see Appendix 1).
Comorbidity	The occurrence of more than one disorder at the same time.
Country of birth	Classified as Australia, main English-speaking (comprises New Zealand, the United Kingdom, Ireland, Canada, United States of America and South Africa) or Other.
Days out of role	Number of days in the four weeks prior to interview respondents were unable to carry out usual activities fully.
Depression	A state of gloom, despondency or sadness lasting at least two weeks. The person usually suffers from low mood, loss of interest and enjoyment, and reduced energy. Their sleep, appetite and concentration may be affected.
Disability status	A measure which uses the Brief Disability Questionnaire score to characterise respondents as having none (score of 0–2), mild (3–4), moderate (5–9) or severe (10 or more).
DSM–IV	Diagnostic and Statistical Manual of Mental Disorders—fourth edition. The DSM–IV focuses on clinical, research and educational purposes, supported by an extensive empirical foundation.
Dysthymia	A disorder characterised by constant or constantly recurring chronic depression of mood, lasting at least two years, which is not sufficiently severe, or whose episodes are not sufficiently prolonged, to qualify as recurrent depressive disorder. The person feels tired and depressed, sleeps badly and feels inadequate, but is usually able to cope with the basic demands of everyday life.
Generalised anxiety disorder	Unrealistic or excessive anxiety and worry about two or more life circumstances for six months or more during which the person has these concerns more days than not.

Health Region The following indicates the correspondence between the Health Regions presented in table 11 and Western Australian Mental Health Areas:

HEALTH REGION	MENTAL HEALTH AREA
Metropolitan	
North	North
East	East
South	South East, South-West
Non-metropolitan	
Southern	Great Southern, South West
Central	Midwest, Goldfields, Midlands
Far North	North West

Hypomania A lesser degree of mania characterised by a persistent mild elevation of mood and increased activity lasting at least four days. Increased sociability, over-familiarity and a decreased need for sleep are often present, but not to the extent that they lead to severe disruption.

ICD-10 International Classification of Diseases—10th revision. The ICD is produced by the World Health Organization and is used in the diagnosis, study and classification of diseases, Chapter V is related specifically to mental and behavioural disorders.

Mania A disorder in which mood is happy, elevated, expansive or irritable out of keeping with the person's circumstances lasting at least seven days. The person may exhibit hyperactivity, inflated self-esteem, distractibility and over-familiar or reckless behaviour.

Mental disorder According to the ICD-10 Classification of Mental and Behavioural Disorders, a disorder implies 'the existence of a clinically recognisable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions' (WHO 1992, p. 5). Most diagnoses require criteria relating to severity and duration to be met.

Mental health problem Problems with mental health, such as worry or sadness, regardless of whether or not they met criteria for mental disorders.

Obsessive-compulsive disorder *Obsessions* are recurrent, persistent ideas, thoughts, images or impulses that intrude into the person's consciousness against their will. The person experiences these as being senseless or repugnant, but is unable to ignore or suppress them.

Compulsions are recurrent, stereotyped behaviours that are performed according to certain rules. The person often views them as preventing some unlikely event, often involving harm to, or caused by, him or herself. The person generally recognises the senselessness of the behaviour, attempts to resist it and does not derive pleasure from carrying it out.

Panic disorder The essential feature of this disorder is panic (anxiety) attacks that occur suddenly and unpredictably. A panic attack is a discrete episode of intense fear or discomfort.

Perceived health needs	<p>For each type of help, respondents were classified as follows:</p> <ul style="list-style-type: none">▪ no need—those who were not receiving help and felt that they had no need of it;▪ need fully met—those who were receiving help and felt that it was adequate;▪ need partially met—those who were receiving help but not as much as they felt they needed; and▪ need not met—those who were not receiving help but felt that they needed it.
Physical conditions	<p>The presence of any of the following selected chronic (long-lasting) and current conditions: asthma, chronic bronchitis, anaemia, high blood pressure, heart trouble, arthritis, kidney disease, diabetes, cancer, stomach or duodenal ulcer, chronic gall bladder or liver trouble, hernia or rupture.</p>
Post-traumatic stress disorder	<p>A delayed and/or protracted response to a psychologically distressing event that is outside the range of usual human experience (such as bereavement, chronic illness, business losses, and marital conflict). Experiencing such an event is usually associated with intense fear, terror, and helplessness. The characteristic symptoms involve re-experiencing the traumatic event (flashbacks), avoidance of situations or activities associated with the event, numbing of general responsiveness, and increased arousal.</p>
Prevalence	<p>The number of cases of a disease present in a population at a given time.</p>
Service use	<p>Admissions to hospitals and consultations with health professionals. Information was collected on type of hospital used, number of admissions and total number of nights resident in hospital, type of professional consulted, number of consultations and place of consultation.</p> <p><i>Hospital.</i> Includes general hospitals, psychiatric hospitals, and drug and alcohol rehabilitation centres.</p> <p><i>Doctor.</i> A person holding a medical degree and therefore includes general practitioners and medical specialists, such as surgeons, physicians, pathologists, and psychiatrists.</p> <p><i>Health professional.</i> Includes health professionals other than medically qualified doctors: acupuncturist, audiologist, chiropractor, chemist/pharmacist, chiropodist/podiatrist, dietitian/nutritionist, herbalist, hypnotherapist, naturopath, nurses, optician/optometrist, osteopath, occupational therapist, physiotherapist/hydrotherapist, psychologist, social worker, and speech therapist/pathologist.</p>
Service use for mental health problems	<p>Services used (as above) for self-perceived mental health problems in the 12 months prior to interview. An individual may have considered they had a mental health problem prior to using services, or may have come to the realisation following consultation with a health professional.</p>
Short Form–12	<p>A standard international instrument designed to provide information on general health and wellbeing. The questionnaire produces separate physical and mental component summaries (see Appendix 2).</p>
Social phobia	<p>A persistent, irrational fear of being the focus of attention, or fear of behaving in a way that will be embarrassing or humiliating. These fears arise in social situations such as meeting new people or speaking in public. A compelling desire to avoid the phobic situation may result.</p>

Substance use disorders Substance use disorders are harmful use and/or dependence on drugs and/or alcohol. Four drug categories, including both illegal and prescription drugs, have been included in this survey:

- sedatives, e.g. barbiturates, librium, serepax, sleeping pills, valium;
- stimulants, e.g. amphetamines, dexedrine, speed;
- marijuana, i.e. hashish; and
- opioids, e.g. heroin, methadone, opium.

Harmful use. A pattern of use of psychoactive substances that is causing damage to physical or mental health. Harmful patterns are often associated with adverse social consequences.

Dependence. A set of symptoms in which the use of drugs or alcohol takes on a much higher priority for a person than other behaviours that once had greater value. The central characteristic is the strong, sometimes overpowering, desire to take the substance.

Type of help A range of assistance provided by health services for mental problems:

- information;
- medication;
- counselling;
- social intervention to help sort out practical issues, such as housing or financial problems; and
- skills training to improve ability to work, to look after self or to use time.

BIBLIOGRAPHY

- Australian Bureau of Statistics 1998, *Mental Health and Wellbeing: Profile of Adults, Australia, 1997*, Cat. no. 4326.0, ABS, Canberra.
- Australian Bureau of Statistics 1999, *National Survey of Mental Health and Wellbeing of Adults: Users' Guide, 1997*, Cat. no. 4327.0, ABS, Canberra.
- Australian Institute of Health and Welfare & Commonwealth Department of Health and Family Services 1997, *First report on National Health Priority Areas 1996*, AIHW and HFS, Canberra.
- Belloc, N. B., Breslow, L. & Hochstim, R. J. 1971, 'Measurement of physical health in a general population', *American Journal of Epidemiology*, vol. 93, pp. 328–376.
- Goldberg, D. & Williams, P. 1988, *A User's Guide to the General Health Questionnaire GHQ*, NFER-NELSON, Winsor, Berkshire.
- Human Rights and Equal Opportunity Commission 1993, *Human Rights and Mental Illness, Report of the National Inquiry into the Human Rights of People with Mental Illness*, AGPS, Canberra.
- Ormel, J., VonKorff, M., Ustun, T.B., Pini, S., Korten, A. & Oldehinkel, T. 1994, 'Common Mental Disorders and Disability Across Cultures, Results From the WHO Collaborative Study on Psychological Problems in General Health Care', *Journal of The American Medical Association*, vol. 272, no. 22, pp. 1,741–1,748.
- Ware, J. E. Jr., Kosinski, M. & Keller, S. D. 1995, *SF-12: How to Score the SF-12 Physical and Mental Health Summary Scales*, The Health Institute, New England Medical Centre, Boston, Massachusetts.
- Ware, J. E. Jr., Kosinski, M. & Keller, S. D. 1996, 'A 12-Item Short-Form Health Survey, Construction of Scales and Preliminary Tests of Reliability and Validity', *Medical Care*, vol. 34, no. 3, pp. 220–233.
- Wittchen, H. 1994, 'Reliability and validity studies of the WHO Composite International Interview (CIDI): A critical review', *Journal of Psychiatric Research*, vol. 28, no. 1, pp. 57–84.
- Wittchen, H-U. & Essau, C. A. 1993, 'An overview of the Composite International Diagnostic Interview (CIDI)', *International Journal of Methods in Psychiatric Research*, vol. 3, pp. 79–85.
- World Health Organization 1992, *The ICD-10 Classification of Mental and Behavioural Disorders Clinical descriptions and diagnostic guidelines*, World Health Organization, Geneva.
- World Health Organization 1993, *The ICD-10 Classification of Mental and Behavioural Disorders Diagnostic criteria for Research*, World Health Organization, Geneva.
- World Health Organization 1994, *Composite International Diagnostic Interview (CIDI) Researcher's Manual*, World Health Organization, Geneva.

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