

This section contains a brief overview of facts and statistics about mental illness in Australia as well as information that may be useful in countering common myths.

Comprehensive facts and statistics are available from the *Mindframe* website at www.mindframe-media.info.

Fact sheets and resources about mental illness and related issues, in a number of languages, can be found on the SANE Australia website at www.sane.org and Multicultural Mental Health Australia at www.mmha.org.au. Fact sheets and resources about anxiety and depression are provided on the beyondblue website at www.beyondblue.org.au

Definition of Terms

Often the terms 'mental health', 'mental illness' and 'mental health problem' are used interchangeably. For example, mental health workers have been quoted in the media referring to 'the problem with mental health' rather than 'mental illness'. This may lead to confusion. Definitions for each of these terms, which refer to different parts of the spectrum between mental health and wellbeing and illness, can be found below.

Mental health – is a positive concept. It is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.⁷³

A mental illness or disorder – is a diagnosable illness that significantly interferes with an individual's cognitive, emotional and/or social ability. There are different types of mental disorders, e.g. depression, anxiety, psychosis, substance use disorder and these different disorders may all occur with different degrees of severity.⁷⁴

Mental health problems – occur often as a result of life stressors. Mental health problems also have a negative impact on a person's cognitive, emotional and social abilities but may not meet the criteria for an illness. The distinction between mental health problems and mental disorders is not well defined and is made on the basis of severity and duration of symptoms.⁷⁵



A Note on Interpreting Facts and Statistics

Statistics on mental illness are usually reported in terms of incidence or prevalence.

Incidence – is the number of cases identified in a given period, usually a year. Incidence rate is usually expressed per 100 000 population.

Prevalence – is the proportion or percentage of the population with the disease or disorder.

An overview of Mental illness in Australia

Unless otherwise stated the statistics in this section are from the 2007 National Survey of Mental Health and Wellbeing.⁷⁶

How many people are affected by mental illness in Australia?

- Mental illness is common in Australia with one in five Australians experiencing a mental illness within a 12-month period. Almost half (45%) of Australians aged 16-85 years will experience a mental illness at some stage in their lives.
- Prevalence of mental illness decreases with age. Prevalence (including substance use disorder) is greatest among 18-24 year olds (26%) while prevalence among people 75 years and over is 5.9%.
- Mental disorders are the third leading cause of disability burden in Australia, accounting for an estimated 27% of the total years lost due to disability.⁷⁷ Major depression accounts for more days lost to illness than almost any other physical or mental disorder.⁷⁸

How common are specific disorders?

- About 14% of Australians will be affected by anxiety disorders in a 12-month period.⁷⁹
- About 4% of people will experience depression in a 12-month period, and 20% will be affected in their lifetime.⁸⁰
- Postnatal depression affects between 10 to 20% of all new mothers to some degree.⁸¹
- 3% of Australians are affected by psychotic illness such as schizophrenia and bipolar mood disorder at some point in their life.⁸² About one in 100 Australians will experience schizophrenia.⁸³
- Approximately 2% of Australians will experience some type of eating disorder at some stage in their life.⁸⁴ Most of those affected (90%) are women.⁸⁵
- Between 2 and 5% of the population are affected by Borderline Personality Disorder at some stage of their lives, with women three times more likely to be diagnosed with this disorder than men.⁸⁶



Are there differences between men and women?

- Women are more likely than men to report anxiety disorders (18% compared with 11.1%) and affective disorders (7.1% compared with 5.3%).
- Men are more than twice as likely as women to have substance use disorders (7% compared with 3.3%), with alcohol disorders being three times more common than drug use disorders.
- Men are affected by schizophrenia in slightly greater numbers, women tend to experience later onset, fewer periods of illness, and better recovery.⁸⁷

Is mental illness common in young people?

- The greatest numbers of people with a mental illness are in the 18-24 year age group.
- 14% of Australian children and adolescents aged 12-17 years have mental health problems. This rate of mental health problems is found in all age and gender groups, although boys are slightly more likely to experience mental health problems than girls.⁸⁸
- Onset of bipolar disorder and schizophrenia usually occurs in the mid to late teen years.⁸⁹
- Depression is one of the most common mental health problems in young people.⁹⁰
- Adolescents with mental health problems report a high rate of suicidal thoughts and other health-risk behaviour, including smoking and drug use.⁹¹

Are the patterns similar for Aboriginal and Torres Strait Islander peoples?

- The term "social and emotional wellbeing", rather than "mental health" is preferred by Aboriginal and Torres Strait Islander peoples because of its more positive and holistic connotations.⁹²
- At present, there is no definitive national data about the incidence or prevalence of mental disorders in Aboriginal and Torres Strait Islander Australians. However, limited available research supports the conclusion that serious mental disorders occur in these populations, and such disorders are at least as common as in the mainstream population.⁹³
- Aboriginal and Torres Strait Islander people receive proportionately reduced access to specialised care for mental disorders and behavioural disorders, yet their involuntary hospitalisation rate is significantly increased compared to the wider community.^{94 95}
- The death rate associated with mental disorders among Aboriginal and Torres Strait Islander males is over three times the rate for other Australian males.⁹⁶ However, the rate is the same for Aboriginal and Torres Strait Islander females as those in the general Australian population.
- An Aboriginal or Torres Strait Islander person may also see particular feelings, beliefs or hallucinations, including hearing voices, as a spiritual or personal issue rather than mental illness.⁹⁷



Do rates vary among people from culturally and linguistically diverse backgrounds?

- In the Australian population, the prevalence of mental or behavioural problems among people born overseas is similar to those born in Australia. Similarly, the rates among people who speak a language other than English at home are about the same as for those who speak English at home.⁹⁸
- People from cultural and linguistically diverse backgrounds do not access mental health services as often as the mainstream population.⁹⁹
- The conceptualisation of mental illness differs from culture to culture, as does the level of stigma attached to mental disorder and mental health problems. There is some evidence that people with mental illness may be more stigmatised and marginalised in some cultural groups.
- Loss, physical illness or disability, or the onset of disorders such as dementia, which often results in a loss of competency in English, can increase the risk of depressive disorders and suicide in older people from culturally and linguistically diverse backgrounds.¹⁰⁰

Are rates higher in rural and remote Australian communities?

- There is little data about the prevalence and incidence of mental illness among people who live in rural and remote Australia.
- The 1997 National Survey of Mental Health and Wellbeing found no differences in the overall rates for affective disorders, anxiety disorders and substance use disorders between urban and rural areas but did note some gender differences. For males, the rate of disorder was slightly higher for those living in a capital city, while for females it was higher for those living in rural or remote areas.

Myth Busting

There are many myths and misconceptions about mental illness in the community. Some common myths are listed below, with some suggested responses about how to provide accurate information that challenges these myths and misconceptions.

Myth: People who are mentally ill are violent

FACTS:

- Many violent people have no history of mental disorder and most (90%) people with mental illness have no history of violence.¹⁰¹
- Only a small proportion of violence in society is attributable to mental illness (studies suggest up to 10%).^{102 103}
- The use of drugs or alcohol has a stronger association with violence than does mental illness.¹⁰⁴
- A small proportion of people with a psychotic illness may show violent behaviour, usually in the context of ineffective treatment, drug or alcohol use or in relation to distressing hallucinations or delusions.^{105 106 107}



Myth: Mental illness is a life sentence

FACTS:

- Most people will recover fully from a mental illness, especially if they receive help early.
- Some people will only experience one episode of mental illness and recover fully while others may be well for long periods with occasional episodes. For a minority of people periods of acute illness will occur regularly and some will experience ongoing disability.
- Although some people experience significant disability as a result of ongoing mental illness, many others live full and productive lives.
- Most people with mental illness will be treated in the community.¹⁰⁸

Myth: Mental illnesses are all the same

FACTS:

- There are many different types of mental illnesses and many types of symptoms.
- Not everyone with the same diagnosis will experience the same symptoms.
- Simply knowing a person has a mental illness will not tell you how well or ill they are, what symptoms they are experiencing, or whether they may recover or manage the illness effectively.

Myth: Some cultural groups are more likely than others to experience mental illness

FACTS:

- People from any background can develop mental health problems or a mental illness.
- However, many people from culturally and linguistically diverse and refugee backgrounds have experienced torture, trauma and enormous loss before coming to Australia, which can cause significant psychological distress and vulnerability to mental illness.¹⁰⁹
- Cultural background also affects how people experience mental illness and how they understand and interpret the symptoms of mental illness.

Myth: People with mental illness can not do well in their job or successfully raise a family

FACTS:

- Mental illness says nothing about a person's capabilities or future. Many people living with mental illness work and parent effectively.
- While some people may require support from their workplace when unwell, many will not require any additional support.
- However, the stigma associated with mental illness can lead to discrimination in the workplace and can lead many people to not disclose their illness.
- While support may be required in some cases, this does not mean that people with a mental illness cannot fulfil their parenting role.

