



Patterns of health, wellbeing and community strength

Department of Human Services **Eastern Metropolitan Region, 2003**

Victorian Population Health Survey

The Victorian Population Health Survey is an annual statewide survey that the Department of Human Services (Health Surveillance and Evaluation Section, Public Health Group) undertakes in the second half of each calendar year to collect a wide range of information on the health of the adult Victorian population (aged 18 years or over) and the determinants of that health.

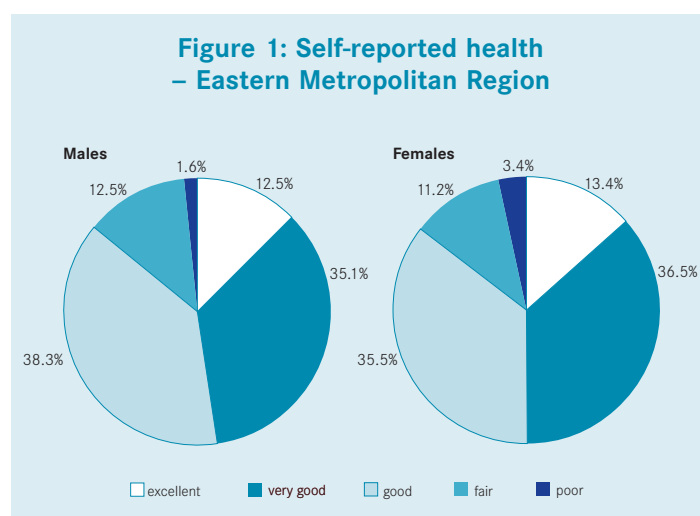
This fact sheet presents major findings from the Victorian Population Health Survey 2003 that relate to physical and mental health and wellbeing, and community strength indicators for adults in the department's Eastern Metropolitan Region.

Eastern Metropolitan Region

The Eastern Metropolitan Region had an estimated resident population of 973,957 people in 2003. It includes inner suburbs, large outer metropolitan suburbs and semi-rural townships. From the region, 835 respondents (or 11.1 per cent of the total sample of 7500 households) completed the population health survey in 2003.

Self-reported health status

An individual's rating of his or her health status has been shown to predict future health care use (including visits to general practitioners and hospital admissions) and mortality.¹ Figure 1 presents the proportion of males and females from the Eastern Metropolitan Region who assessed their health as excellent, very good, good, fair or poor:



- More than 12 per cent of males (12.5 per cent) in the Eastern Metropolitan Region rated their health as excellent, compared with 13.4 per cent of females (figure 1). A further 35.1 per cent of males and 36.5 per cent of females rated their health as very good.
- The proportion of females in the region who rated their health as poor was approximately two times greater than the proportion of males (3.4 per cent and 1.6 per cent respectively). One in eight males (12.5 per cent) in the region rated their health as fair, as did 11.2 per cent of females.

Self-reported health status, by selected characteristics

Table 1 presents the proportion of adults in the Eastern Metropolitan Region and Victoria who rated their health as either fair or poor, by selected characteristics.

¹ Selected references: Idler, E & Benyamini, Y 1997, 'Self rated health and mortality: a review of twenty-seven community studies', *Journal of Health and Social Behavior*, vol. 38, pp. 21–37; and Miilunpalo, S, Vuori, I, Oja, P, Pasanen, M & Urponen, H 1997, 'Self-rated health as a health measure: the predictive value of self-reported health status on the use of physician services and on mortality in the working-age population', *Journal of Clinical Epidemiology*, vol. 50, pp. 517–28.



Table 1: Proportion of adults reporting fair or poor health status, by selected characteristics – Eastern Metropolitan Region and Victoria

	Eastern Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Sex				
Male	14.1	10.5–18.6	16.1	14.5–17.8
Female	14.6	11.5–18.4	14.6	13.2–16.0
Age group				
18–24 years	12.7	6.6–23.1	12.6	9.7–16.3
25–34 years	12.1	7.3–19.4	13.1	10.8–15.7
35–44 years	7.8	4.6–13.1	11.2	9.4–13.3
45–54 years	17.0	11.6–24.4	16.6	14.2–19.4
55–64 years	21.3	14.4–30.2	18.4	15.5–21.6
65+ years	17.7	11.9–25.5	21.3	18.6–24.3
Highest level of education				
Primary	40.0	20.6–63.0	40.9	32.9–49.4
Secondary	16.8	13.0–21.5	16.0	14.6–17.5
Tertiary	10.9	8.1–14.6	12.4	11.0–14.1
Annual household income				
Less than \$20,000	18.4	12.7–26.0	23.4	21.0–26.0
\$20,000 to less than \$40,000	16.6	10.8–24.5	15.5	13.2–18.1
\$40,000 to less than \$60,000	13.7	8.3–22.0	13.5	11.3–16.1
\$60,000 or more	11.7	8.3–16.3	10.4	8.7–12.3
Country of birth				
Australia	13.7	10.9–17.1	14.6	13.5–15.8
English speaking	13.9	7.5–25.4	11.5	8.7–15.1
Non-English speaking	17.9	12.2–25.4	20.7	17.5–24.3

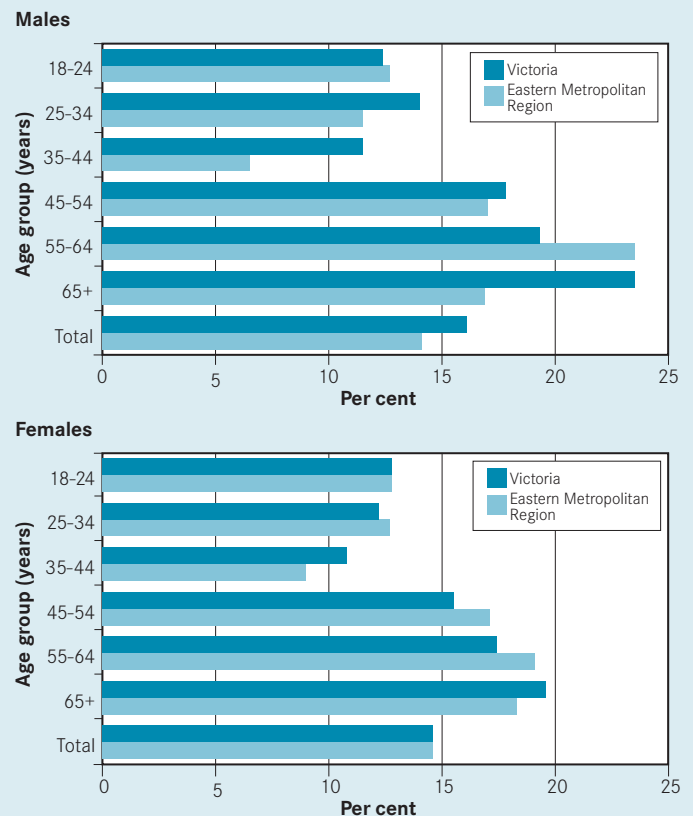
- Similar proportions of males and females (14.1 per cent and 14.6 per cent respectively) in the Eastern Metropolitan Region assessed their health status as fair or poor (table 1).
- There were no significant differences by level of annual household income in the proportion of adults in the region who rated their health as poor or fair.
- In the region, the proportion of adults born in a non-English speaking country who reported their health was fair or poor was similar to the proportion of Australian-born adults (17.9 per cent and 13.7 per cent respectively).
- There were no significant differences by sex, age, education, annual household income or country of birth between the

2 The *National mental health strategy 2003–08* defines a mental illness as a clinically diagnosable disorder that interferes significantly with an individual's cognitive, emotional and social abilities. Mental health problems also interfere with a person's cognitive, emotional and social abilities, but are less severe and of shorter duration than mental illness. Mental health problems may develop into mental illness.

region and Victoria in the proportion of adults who rated their health as fair or poor.

- The proportion of females in the region who rated their health as fair or poor ranged from 19.1 per cent of those aged 55–64 years to 6.5 per cent of those aged 35–44 years (figure 2).
- The proportion of males in the region who rated their health as fair or poor ranged from 19.1 per cent of those aged 55–64 years to 9.0 per cent of those aged 35–44 years (figure 2).

Figure 2: Proportion of adults reporting fair or poor health status, by age and sex – Eastern Metropolitan Region and Victoria



Mental health and wellbeing

Good mental health is fundamental to the wellbeing of individuals, their families and the population as a whole. Although largely 'invisible', mental health problems and mental illness are a major cause of poor health in Victoria. It is estimated that they will affect more than one in five adults in their lifetime. Mental health problems and mental illness include a range of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of individuals.² Many individuals who experience mental health problems in response to life stresses will recover spontaneously; of the remainder, the majority can be treated and most people will fully recover.





Individuals' global ratings of their health status are considered to be influenced by physical health mainly and, to a lesser extent, mental health.³ For this reason, many surveys include a mental health indicator. The Victorian Population Health Survey includes the Kessler 10 (K10) measure of non-specific psychological distress.

The Kessler 10 (K10) measure is designed to assess non-specific psychological distress. It has been validated as a simple indicator of anxiety, depression and worry at a population level. The scale consists of 10 questions that seek to measure the degree of non-specific psychological distress that a person might have experienced in the four weeks before the interview (figure 3). The K10 contains low through to high threshold items. For each item, there is a five level response scale based on the amount of time that the respondent reports having experienced the particular problem. The response options are: none of the time; a little of the time; some of the time; most of the time; and all of the time.

Figure 3: Kessler 10 question module⁴

The following questions are about your feelings in the past four weeks.

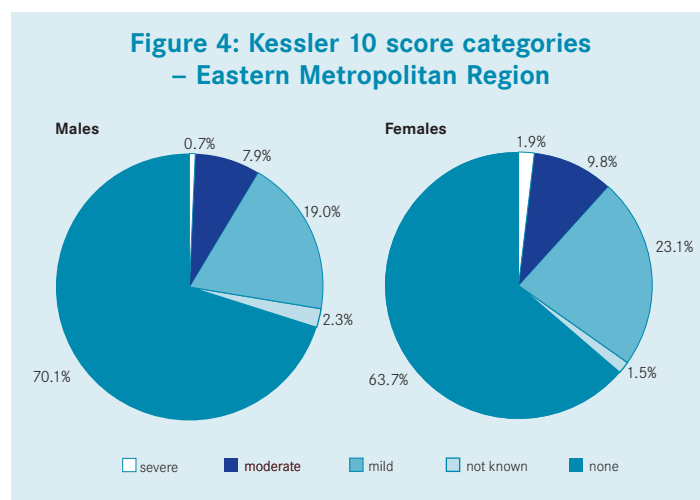
In the past four weeks, about how often did you feel ...

1. tired out for no good reason?
2. nervous?
3. so nervous that nothing could calm you down?
4. hopeless?
5. restless or fidgety?
6. so restless you could not sit still?
7. depressed?
8. that everything was an effort?
9. so sad that nothing could cheer you up?
10. worthless?

A total score on the K10 is calculated based on how frequently in the previous four weeks an individual reports having experienced negative emotional states. In general, the higher the K10 score, the greater is the likelihood that a person has psychological distress. The maximum score of 50 indicates severe psychological distress and the minimum score indicates no distress.

Although the K10 score is used as a guide, the K10 instrument is only a tool; people experiencing depression, anxiety or worry should be properly assessed by a mental health professional. The last page of this fact sheet contains contact details for a number of services that assist those experiencing mental health related problems.

Figure 4 shows the proportions of males and females in the region who experienced different degrees of psychological distress in the four weeks before the survey.



Note: Score categories are: none (less than 16), mild (16–21), moderate (22–29), severe (30 or more). 'Not known' refers to instances where not all K10 questions were answered.

- The proportions of males and females in the Eastern Metropolitan Region who had no psychological distress, as evidenced by their K10 scores, were similar (70.1 per cent and 63.7 per cent respectively) (figure 4).
- Almost 8 per cent (7.9 per cent) of males and 9.8 per cent of females in the region had K10 scores in the moderate range. A further 19.0 per cent of males in the region and 23.1 per cent of females had K10 scores reflecting a mild level of psychological distress.
- Less than 1 per cent of males (0.7 per cent) in the region and 1.9 per cent of females had K10 scores in the severe range.
- The 'not known' category includes respondents who provided incomplete data for the K10 questions. A similar proportion of males and females in the region were classified as not known (2.3 per cent and 1.5 per cent respectively).

Table 2 provides a breakdown of K10 scores for adults in the Eastern Metropolitan Region and Victoria by education, annual household income and country of birth.



3 Manderbacka, K, Lahelma, E, & Martikainen, P 1998, 'Examining the continuity of self-rated health', *International Journal of Epidemiology*, vol. 27, pp. 208–13.

4 Kessler, RC, Andrews, G, Colpe, LJ, Hiripi, E, Mroczek, DK, Normand, SL, Walters, EE, Zaslavsky, AM 2002 'Short screening scales to monitor population prevalences and trends in non-specific psychological distress', *Psychological Medicine*, vol. 32, pp. 959–76.



Table 2: Kessler 10 score, by selected characteristics – Eastern Metropolitan Region and Victoria

	Eastern Metropolitan Region		Victoria	
	Moderate	Severe	Moderate	Severe
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Highest level of education				
Primary	2.9 (0.4–18.2)	4.2 (0.6–25.0)	7.1 (4.3–11.6)	6.7 (4.0–11.0)
Secondary	9.6 (6.7–13.7)	2.1 (1.0–4.6)	9.1 (7.9–10.3)	3.1 (2.5–3.8)
Tertiary	8.6 (6.1–12.1)	0.6 (0.2–2.0)	7.9 (6.7–9.3)	1.8 (1.2–2.5)
Annual household income				
Less than \$20,000	18.3 (12.2–26.6)	2.0 (0.7–5.4)	12.7 (10.7–14.9)	5.0 (3.9–6.4)
\$20,000 to less than \$40,000	9.0 (4.7–16.4)	0.0	9.7 (7.7–12.1)	3.6 (2.5–5.2)
\$40,000 to less than \$60,000	8.8 (4.5–16.3)	1.9 (0.5–7.7)	7.7 (6.0–9.8)	1.8 (1.1–3.0)
\$60,000 or more	5.9 (3.5–9.7)	1.5 (0.5–4.0)	5.5 (4.3–7.1)	1.3 (0.7–2.2)
Country of birth				
Australia	8.2 (5.9–11.2)	1.2 (0.5–2.6)	8.2 (7.3–9.2)	2.5 (2.0–3.0)
English speaking	4.6 (1.8–11.2)	3.9 (1.0–14.4)	4.7 (3.0–7.3)	2.4 (1.1–5.0)
Non-English speaking	12.6 (7.9–19.4)	0.7 (0.2–3.1)	10.3 (8.2–13.0)	3.6 (2.5–5.2)

Notes: Score categories are: none (less than 16), mild (16–21), moderate (22–29), severe (30 or more). CI = confidence interval.

- More than 2 per cent (2.1 per cent) of adults in the Eastern Metropolitan Region with a tertiary level of education had K10 scores above 29, compared with 0.6 per cent of those with a secondary level education.
- In the region, the proportion of adults with K10 scores in the severe range was significantly greater among those with annual household incomes below \$20,000 (18.3 per cent), than among those with annual household incomes of \$60,000 or more (5.9 per cent).
- Based on their K10 scores, 8.2 per cent of Australian-born adults in the region were likely to have experienced moderate psychological distress during the four weeks preceding the survey. A further 1.2 per cent were likely to have experienced severe psychological distress during this time. The proportions of adults in the region with moderate and severe K10 scores were similar among those born in non-English speaking countries (12.6 per cent and 0.7 per cent respectively).
- There were no significant differences between Victoria and the Eastern Metropolitan Region in the proportion of adults with Kessler 10 scores in the moderate and severe ranges respectively by education, annual household income or country of birth.

Help sought from mental health professionals

Table 3 reports the proportion of adults in the Eastern Metropolitan Region and in Victoria who reported that they had sought help from a health professional for a mental health related problem during the previous year, by selected characteristics.

Table 3: Proportion of adults who reported seeking help for a mental health problem during the previous year, by selected characteristics – Eastern Metropolitan Region and Victoria

	Eastern Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Sex				
Male	4.0	2.3–7.0	5.7	4.8–6.9
Female	6.3	4.3–9.2	7.6	6.7–8.7
Age group				
18–24 years	2.7	0.6–10.7	5.4	3.7–7.9
25–34 years	9.5	5.5–16.1	9.1	7.3–11.3
35–44 years	3.3	1.3–8.2	8.1	6.6–9.9
45–54 years	4.9	2.3–10.3	7.0	5.5–8.9
55–64 years	9.5	5.1–17.2	6.4	4.8–8.5
65+ years	1.8	0.5–5.8	3.1	2.1–4.5
Highest level of education				
Primary	4.2	0.6–25.0	9.7	5.8–15.6
Secondary	6.8	4.3–10.6	6.9	5.9–7.9
Tertiary	4.0	2.6–6.3	6.4	5.4–7.5
Annual household income				
Less than \$20,000	6.1	2.9–12.4	9.2	7.7–11.1
\$20,000 to less than \$40,000	4.9	2.2–10.2	7.2	5.7–9.2
\$40,000 to less than \$60,000	5.9	2.5–13.4	5.1	3.8–6.8
\$60,000 or more	6.3	4.0–9.8	6.5	5.2–8.0



- Four per cent of males in the Eastern Metropolitan Region and 6.3 per cent of females reported that they had sought professional help for a mental health related problem in the previous year.
- The proportion of adults in the region who had sought professional help for a mental health related problem ranged from 9.5 per cent of those aged 55–64 years to 1.8 per cent of those aged 65 years or over.
- There were no significant differences by annual household income in the proportion of adults in the region who had sought help from a mental health professional during the previous year.
- There were no significant differences by sex, age, or education or annual household income between the region and Victoria in the proportion of adults who reported seeking help from a mental health professional during the previous year.

Community strength

Measures of the strength of a community include the extent to which individuals have and benefit from close ties with family and friends, and involvement in the broader community and with social groups. The Victorian Population Health Survey 2003 included indicators of individuals' social networks and the benefits associated with community involvement.

The results for selected community strength attitudes, perceptions and outcomes for the Eastern Metropolitan Region are summarised below. Additional community strength indicators (reported at the local government area level) from the Victorian Population Health Survey can be found in the Department for Victorian Communities report *Indicators of community strength in Victoria* (www.dvc.vic.gov.au).

The Victorian Population Health Survey 2003 demonstrated that people who participate and those who can obtain help when needed are healthier and feel more positive about the communities in which they live. Participation is reported here in terms of membership of one or more groups (a sports, school, church, community or action, or professional group, or an academic society).

Sources of help

Not being able to obtain help when it is needed may result in an individual being more vulnerable to life's stresses.⁵ Table 4 presents the proportions of males and females who were potentially vulnerable in the sense that they reported being able to get help from family, friends and neighbours either 'not at all' or 'not often'.

⁵ Cullen, M & Whiteford, H 2001, *The interrelations of social capital with health and mental health*, Discussion Paper, National Mental Health Strategy, Commonwealth of Australia, Canberra.

Table 4: Proportion of adults *not* able to obtain help from various sources – Eastern Metropolitan Region and Victoria

Source of help	Eastern Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Males				
Family	6.5	4.2–10.2	5.8	4.9–6.8
Friends	5.6	3.5–8.9	5.9	5.0–7.1
Neighbours	28.7	23.6–34.4	28.6	26.4–30.8
Females				
Family	4.5	3.0–6.7	6.2	5.4–7.2
Friends	4.3	2.7–7.0	5.3	4.4–6.2
Neighbours	26.2	22.1–30.7	28.7	26.9–30.6

- The proportion of males in the Eastern Metropolitan Region who could not obtain help from family when they needed it was similar to the proportion who could not obtain help from friends (6.5 per cent and 5.6 per cent respectively). The proportions of females in the region who indicated that they could not obtain help from family or friends were also similar (4.5 per cent and 4.3 per cent respectively) (table 4).
- The proportion of males in the region who reported that they could obtain help from neighbours either not at all or not often was four to five times greater than the proportions who could not reliably access help from family or friends. More than one in four males and females (28.7 per cent and 26.2 per cent respectively) could not obtain help when they needed it from neighbours. The proportion of females in the region who could not obtain help from neighbours was more than five times greater than the proportion who could not obtain help from friends when necessary.

Selected indicators on community strength attitudes and outcomes

Further indicators of community strength include the degree to which individuals participate in community groups, feel valued, have trust in people and social institutions, and are tolerant of diversity. The 2003 survey asked respondents about a range of community outcomes, including the extent to which they:

- participated in a group (a sports, school, church, community or action, or professional group, or an academic society)
- felt safe walking down their street alone after dark
- felt valued by society
- agreed that most people can be trusted
- enjoyed living among people of different lifestyles
- thought multiculturalism made life in their area better.





Figure 5 presents an overview of selected community strength attitudes, perceptions and outcomes for the Eastern Metropolitan Region.

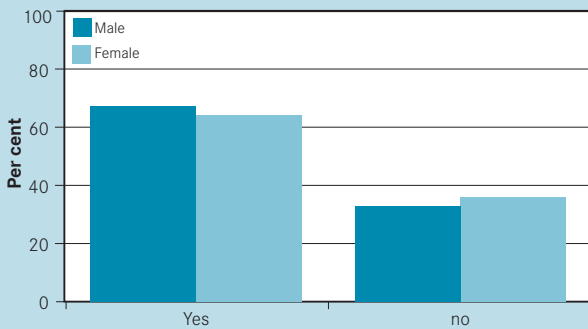
- Approximately 67.3 per cent of males and 64.0 per cent of females in the Eastern Metropolitan Region were members of a group (a sports, church, school, community or action, or professional group, or an academic society) (figure 5).
- Almost eight in 10 males (79.5 per cent) in the region reported that they felt safe walking down their street alone at night, compared with 37.5 per cent of females. Almost four times as many females as males in the region reported that they did *not* feel safe when walking down their street alone after dark (35.7 per cent versus 9.5 per cent).

- Just under 60 per cent of males (58.8 per cent) in the region reported that they definitely felt valued by society, compared with 57.7 per cent of females.
- The proportions of males and females in the region who felt most people could definitely be trusted were similar (39.9 per cent and 34.7 per cent respectively). A further 44.8 per cent of males and 45.6 per cent of females felt that most people could be trusted 'sometimes'.
- A similar proportion of males and females in the region reported that they enjoyed living among people of different lifestyles (79.1 per cent and 72.3 per cent respectively).
- More than two thirds of both males and females in the region reported that multiculturalism definitely made life in their area better (67.4 per cent and 69.3 per cent respectively).

Figure 5: Selected community strength indicators – Eastern Metropolitan Region

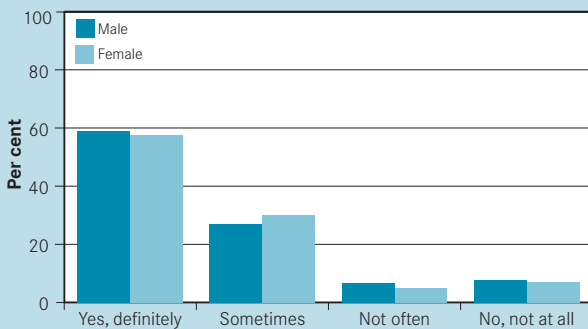
Community participation

Group membership



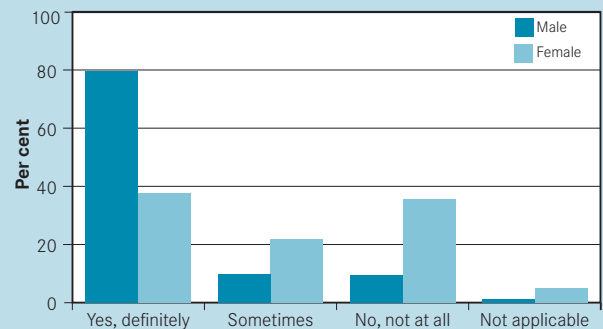
Perceptions of being valued

Feel valued by society



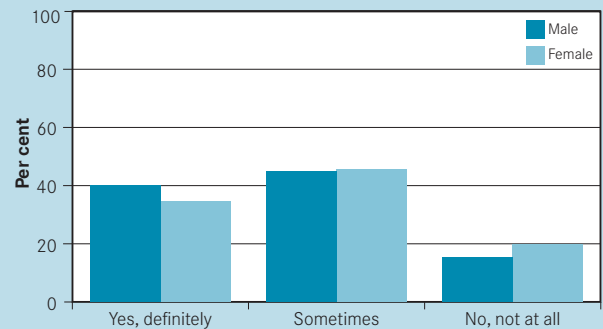
Perceptions of safety

Feel safe walking down their street alone at night



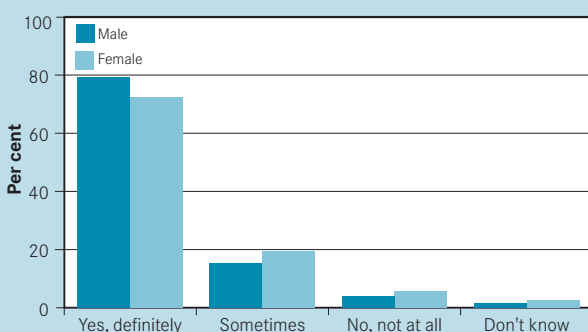
Perceptions of trust

Most people can be trusted

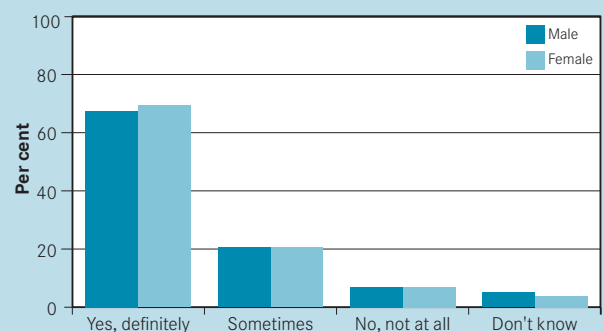


Tolerance of diversity

Enjoy living among people of different lifestyles



Multiculturalism makes life in area better





Rates

The 2001 Victorian population⁶ has been used when specifying population weights to ensure the adjusted sample distribution is representative of the population by age group, gender and region. Differences across regions in the age and sex distribution of their populations may account, in part, for differences in overall region-specific rates.

Confidence intervals

The rates reported in this publication are based on information collected from a sample of adults, selected at random by household telephone number. As a result, they are subject to sampling variability. This means that the rates are estimates and may differ from those that would result if all adults in Victoria had been included in the survey.

One measure of the variation associated with an estimate is the confidence interval. Estimates with wider confidence intervals reflect a higher degree of unreliability in the estimate and should be used with caution. Confidence intervals that do not overlap are interpreted as representing significant differences.

Sources of help with emotional or mental health related problems

Local Community Health Centre or
General Practitioner

Lifeline – 24 hours/seven days a week **131 114**

SANE Helpline –
Monday to Friday, 9 am to 5 pm **1800 688 382**

Suicide Prevention Hotline **1300 651 251**

beyondblue **www.beyondblue.org.au**

Additional information

The method of the Victorian Population Health Survey 2003 and other results may be found in the report *Victorian Population Health Survey 2003: selected findings*. This report and other useful resources may be viewed or downloaded from the website **www.health.vic.gov.au/healthstatus**

VicHealth provided support for the Victorian Population Health Survey data analysis. Information about VicHealth's *Mental health promotion plan 2004-07* and its initiatives to promote the health of Victorians is available at the website **www.vichealth.vic.gov.au**

For media enquiries, please contact Bram Alexander, Department of Human Services Media Unit, (03) 9616 8803.

Source

Victorian Population Health Survey 2003, Public Health Group, Rural and Regional Health and Aged Care Services Division, Victorian Government Department of Human Services, Melbourne, Victoria.

⁶ Department of Infrastructure 2001, *Population projections 2001*, Government of Victoria, Melbourne.

