



Patterns of health, wellbeing and community strength

Department of Human Services **Gippsland 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.

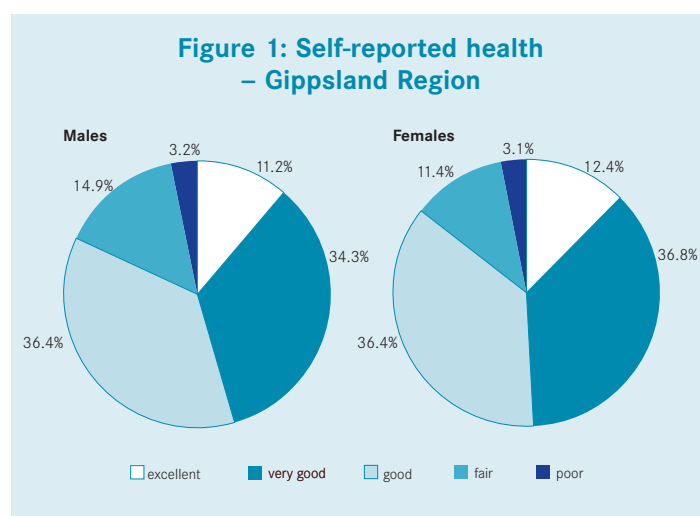
This fact sheet presents major findings from the Victorian Population Health Survey 2003 that relate to physical and mental health and wellbeing, and community strength indicators for adults in the department's Gippsland Region.

Gippsland Region

The Gippsland Region covers an area of 41,538 square kilometres and had an estimated population of 242,980 people in 2003. From the region, 918 respondents (or 12.2 per cent of the total sample of 7500 households) completed the Victorian 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 proportions of males and females from the Gippsland Region who assessed their health as excellent, very good, good, fair or poor:



- Approximately 11 per cent of males (11.2 per cent) in the Gippsland Region rated their health as excellent, compared with 12.4 per cent of females (figure 1). More than one third of males (34.3 per cent) and 36.8 per cent of females rated their health as very good.
- A similar proportion of males and females in the region rated their health as poor (3.2 per cent and 3.1 per cent respectively). More than one in seven males (14.9 per cent) rated their health as fair, as did more than one in 10 females (11.4 per cent).

Self-reported health status, by selected characteristics

Table 1 presents the proportion of adults in the Gippsland 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 – Gippsland Region and Victoria

	Gippsland Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Sex				
Male	18.1	14.2–22.7	16.1	14.5–17.8
Female	14.5	11.6–17.9	14.6	13.2–16.0
Age group				
18–24 years	13.2	5.9–27.2	12.6	9.7–16.3
25–34 years	20.7	14.0–29.6	13.1	10.8–15.7
35–44 years	9.1	5.6–14.4	11.2	9.4–13.3
45–54 years	13.7	9.0–20.3	16.6	14.2–19.4
55–64 years	21.4	15.0–29.5	18.4	15.5–21.6
65+ years	20.0	15.0–26.2	21.3	18.6–24.3
Highest level of education				
Primary	24.1	10.2–47.1	40.9	32.9–49.4
Secondary	16.9	13.8–20.6	16.0	14.6–17.5
Tertiary	14.2	10.6–18.9	12.4	11.0–14.1
Annual household income				
Less than \$20,000	24.1	19.3–29.6	23.4	21.0–26.0
\$20,000 to less than \$40,000	12.9	8.7–18.6	15.5	13.2–18.1
\$40,000 to less than \$60,000	12.3	7.3–19.9	13.5	11.3–16.1
\$60,000 or more	9.7	5.9–15.5	10.4	8.7–12.3

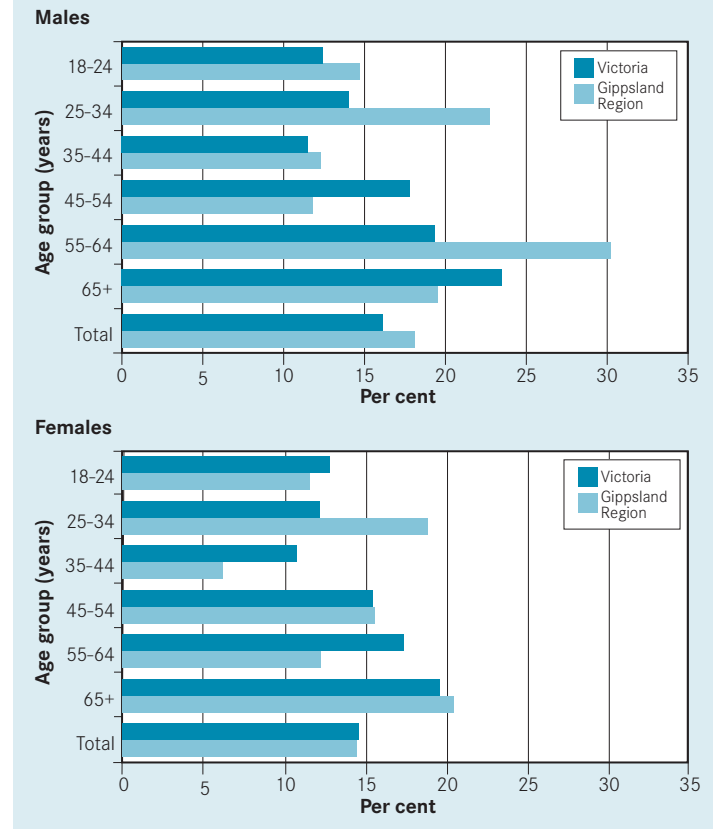
- In both the region and Victoria as a whole, the proportion of adults whose self-reported health status was fair or poor was significantly greater among those with annual household incomes below \$20,000, compared with those with household incomes of \$60,000 or more (table 1). Just over one in five (24.1 per cent) of those in the region with an annual household income of less than \$20,000 rated their health status as fair or poor, compared with 9.7 per cent of adults with an annual household income of \$60,000 or more.
- There were no significant differences by sex, age, education or annual household income between Victoria and the Gippsland Region 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 20.5 per cent of those aged 65 years or over to 6.2 per cent of those aged 35–44 years (figure 2).

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.

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

- The proportion of males in the region who rated their health as fair or poor ranged from 30.2 per cent of those aged 55–64 years to 11.8 per cent of those aged 45–54 years (figure 2).

Figure 2: Proportion of adults reporting fair or poor health status, by age and sex – Gippsland 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 ...

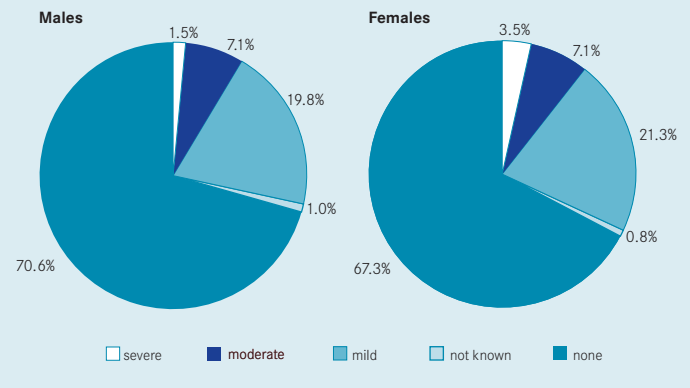
1. tired out for no good reason?
2. nervous?
3. so nervous that nothing could calm you down?
4. hopeless?
5. restless or fidgety?
6. so restless you could not sit still?
7. depressed?
8. that everything was an effort?
9. so sad that nothing could cheer you up?
10. worthless?

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.

Figure 4: Kessler 10 score categories – Gippsland Region



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 Gippsland Region who had no psychological distress, as evidenced by their K10 scores, were similar (70.6 per cent and 67.3 per cent respectively) (figure 4).
- More than 7 per cent of both males and females (both 7.1 per cent) in the region had K10 scores in the range associated with moderate distress. A further 19.8 per cent of males and 21.3 per cent of females had K10 scores reflecting a mild level of psychological distress.
- Almost 2 per cent of males (1.5 per cent) in the region and 3.5 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 (1.0 per cent and 0.8 per cent respectively).

Table 2 provides a breakdown of K10 scores for adults in the Gippsland Region and Victoria by education and annual household income.



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 – Gippsland Region and Victoria

	Gippsland Region		Victoria	
	Moderate	Severe	Moderate	Severe
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Highest level of education				
Primary	19.2 (7.9–39.4)	3.7 (0.5–22.1)	7.1 (4.3–11.6)	6.7 (4.0–11.0)
Secondary	7.3 (5.3–10.1)	2.7 (1.7–4.3)	9.1 (7.9–10.3)	3.1 (2.5–3.8)
Tertiary	5.7 (3.5–9.3)	2.1 (1.0–4.2)	7.9 (6.7–9.3)	1.8 (1.2–2.5)
Annual household income				
Less than \$20,000	9.1 (6.3–13.1)	5.1 (3.1–8.3)	12.7 (10.7–14.9)	5.0 (3.9–6.4)
\$20,000 to less than \$40,000	6.6 (3.8–11.3)	1.0 (0.3–3.1)	9.7 (7.7–12.1)	3.6 (2.5–5.2)
\$40,000 to less than \$60,000	7.1 (3.5–13.8)	2.2 (0.8–6.4)	7.7 (6.0–9.8)	1.8 (1.1–3.0)
\$60,000 or more	2.9 (1.2–6.9)	0.7 (0.1–4.9)	5.5 (4.3–7.1)	1.3 (0.7–2.2)

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

- Almost 3 per cent (2.7 per cent) of adults in the Gippsland Region with a tertiary level of education had K10 scores above 29, compared with 2.1 per cent of those with a secondary level education.
- In the region, there were no significant differences by annual household income level in the proportion of adults with K10 scores in the moderate and severe ranges.
- There were no significant differences by education or annual household income between Victoria and the Gippsland Region in the proportion of adults with K10 scores in the moderate and severe ranges.

Help sought from mental health professionals

Table 3 reports the proportion of adults in the Gippsland 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 – Gippsland Region and Victoria

	Gippsland Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Sex				
Male	7.4	4.8–11.3	5.7	4.8–6.9
Female	7.1	5.1–9.7	7.6	6.7–8.7
Age group				
18–24 years	7.2	2.4–19.3	5.4	3.7–7.9
25–34 years	10.3	5.5–18.6	9.1	7.3–11.3
35–44 years	8.9	5.6–14.0	8.1	6.6–9.9
45–54 years	7.6	4.1–13.7	7.0	5.5–8.9
55–64 years	6.2	3.2–11.6	6.4	4.8–8.5
65+ years	3.6	1.7–7.3	3.1	2.1–4.5
Highest level of education				
Primary	6.4	1.4–24.2	9.7	5.8–15.6
Secondary	6.3	4.3–9.0	6.9	5.9–7.9
Tertiary	9.3	6.2–13.7	6.4	5.4–7.5
Annual household income				
Less than \$20,000	9.1	6.2–13.0	9.2	7.7–11.1
\$20,000 to less than \$40,000	4.2	2.0–8.6	7.2	5.7–9.2
\$40,000 to less than \$60,000	13.1	7.6–21.6	5.1	3.8–6.8
\$60,000 or more	5.3	2.7–10.3	6.5	5.2–8.0





- Approximately 7 per cent of males and females (7.4 per cent and 7.1 per cent respectively) in the Gippsland Region reported that they had sought professional help for a mental health related problem in the previous year (table 3).
- The proportion of adults in the region who had sought professional help for a mental health related problem ranged from 10.3 per cent of those aged 25–34 years to 3.6 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 between the region and Victoria in the proportion of adults who reported seeking help from a mental health professional during the past year.
- The proportion of adults in the region with annual household incomes of \$40,000–60,000 who reported having sought help for a mental health professional during the previous year was significantly greater than the proportion for Victoria.

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 Gippsland 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 obtain 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 – Gippsland Region and Victoria

Source of help	Gippsland Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Males				
Family	6.0	3.8–9.3	5.8	4.9–6.8
Friends	4.9	3.1–7.8	5.9	5.0–7.1
Neighbours	21.7	17.2–27.0	28.6	26.4–30.8
Females				
Family	6.1	4.3–8.7	6.2	5.4–7.2
Friends	2.5	1.5–4.2	5.3	4.4–6.2
Neighbours	23.6	19.8–27.9	28.7	26.9–30.6

- The proportion of males in the Gippsland region who could not obtain help from family when they needed it was similar to the proportion who could not obtain help from friends (6.0 per cent and 4.9 per cent respectively) The proportion of females in the region who indicated that they could not obtain help from family was significantly greater than the proportion who could not help from friends (6.1 per cent compared with 2.5 per cent) (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 three to four times greater than the proportions who could not reliably access help from family or friends. Just under one in five males (19.3 per cent) and just over one in five females (20.8 per cent) reported that they 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 nine 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:

- felt safe walking down their street alone after dark
- participated in a group (a sports, school, church, community or action, or professional group, or an academic society)
- 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 Gippsland Region.

- Approximately 62.6 per cent of males and 65.9 per cent of females in the Gippsland Region were members of a group (a sports, church, school, community or action, or professional group, or an academic society) (figure 5).
- More than four in five males (84.0 per cent) in the region reported that they felt safe walking down their street alone at night, compared with 47.9 per cent of females. Nearly five times as many females as males in the region reported that they did *not* feel safe when walking down their street alone after dark (29.2 per cent versus 5.9 per cent).
- More than one in two males (56.4 per cent) in the region

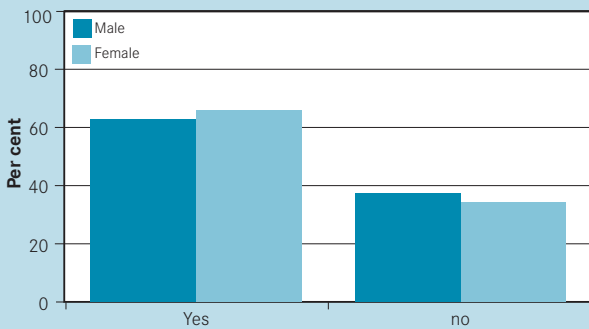
reported that they definitely felt valued by society, compared with 51.6 per cent of females.

- A similar proportion of males and females in the region felt most people could definitely be trusted (40.8 per cent and 34.9 per cent respectively). A further 43.9 per cent of males and 46.7 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 (70.3 per cent and 74.0 per cent respectively).
- The proportion of females in the region who reported that multiculturalism definitely made life in their area better was significantly greater than the proportion of males who did so (58.5 per cent compared with 46.7 per cent).

Figure 5: Selected community strength indicators – Gippsland Region

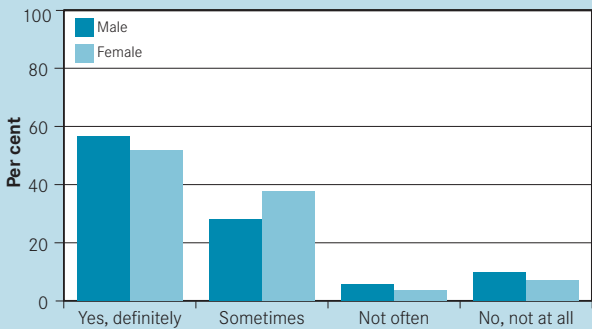
Community participation

Group membership



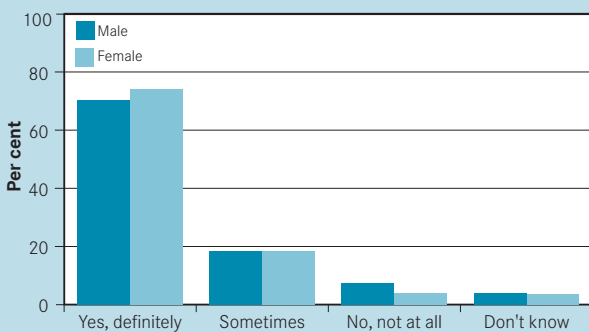
Perceptions of being valued

Feel valued by society



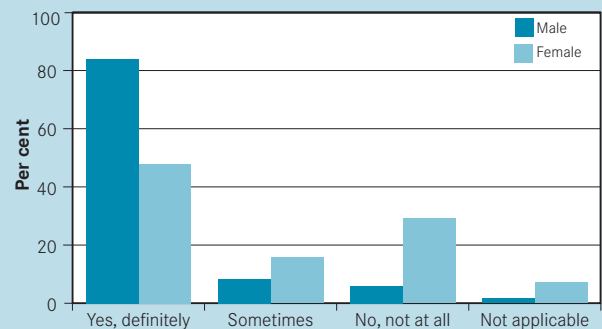
Tolerance of diversity

Enjoy living among people of different lifestyles



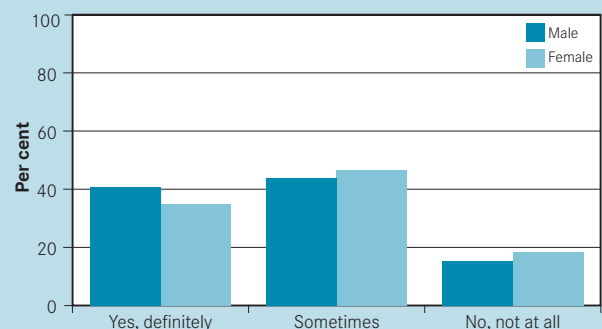
Perceptions of safety

Feel safe walking down their street alone at night

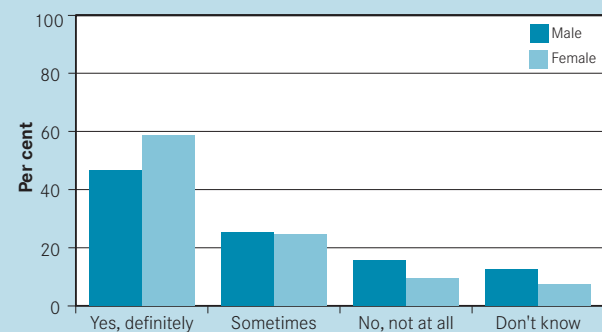


Perceptions of trust

Most people can be trusted



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.

