



Table 1: Proportion of adults reporting fair or poor health status – Hume Region and Victoria

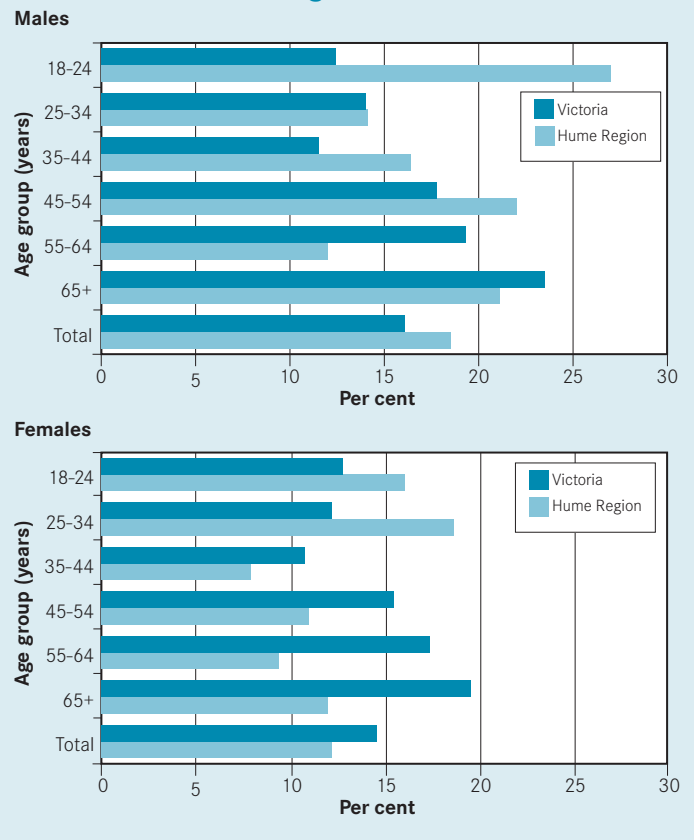
	Hume Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Sex				
Male	18.5	14.3–23.5	16.1	14.5–17.8
Female	12.2	9.6–15.3	14.6	13.2–16.0
Age group				
18–24 years	21.9	12.7–35.2	12.6	9.7–16.3
25–34 years	16.4	11.0–23.7	13.1	10.8–15.7
35–44 years	12.1	7.6–18.6	11.2	9.4–13.3
45–54 years	16.6	11.0–24.4	16.6	14.2–19.4
55–64 years	10.7	6.2–17.8	18.4	15.5–21.6
65+ years	16.1	11.3–22.4	21.3	18.6–24.3
Highest level of education				
Primary	35.5	19.1–56.1	40.9	32.9–49.4
Secondary	14.7	11.7–18.3	16.0	14.6–17.5
Tertiary	14.2	10.3–19.4	12.4	11.0–14.1
Annual household income				
Less than \$20,000	20.6	15.6–26.7	23.4	21.0–26.0
\$20,000 to less than \$40,000	14.7	9.8–21.5	15.5	13.2–18.1
\$40,000 to less than \$60,000	15.5	10.0–23.2	13.5	11.3–16.1
\$60,000 or more	11.0	7.1–16.9	10.4	8.7–12.3

- In the region, there were no significant differences by annual household income in the proportion of adults who rated their health status as fair or poor (table 1). Just over one in five (20.6 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 11.0 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 Hume 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 18.7 per cent of those aged 25–44 years to 7.9 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 27.0 per cent of those aged 18–24 years to 12.0 per cent of those aged 55–64 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.

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



