



# Patterns of health, wellbeing and community strength

Department of Human Services **North and West 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.

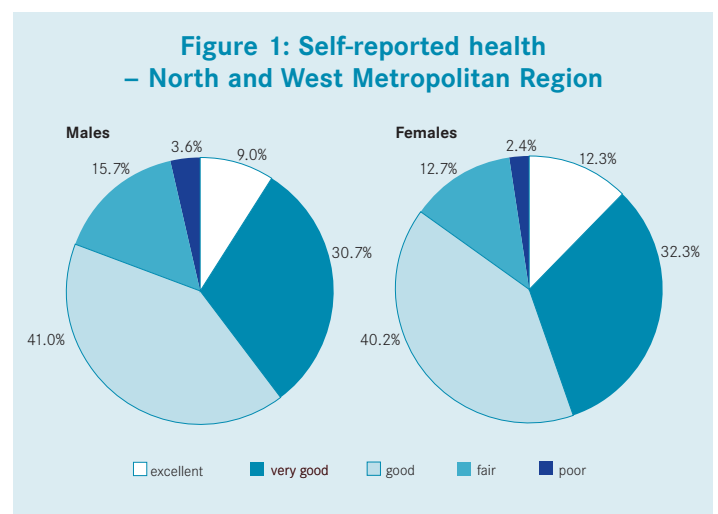
This fact sheet presents major findings from the Victorian Population Health Survey 2003 that relate to physical and mental health and wellbeing, and community strength indicators for adults in the department's North and West Metropolitan Region.

## North and West Metropolitan Region

In February 2004, the department's Northern Metropolitan Region and Western Metropolitan Region were combined to form the North and West Metropolitan Region. Almost 20 per cent (18.5 per cent) of the respondents who completed the Victorian Population Health Survey in 2003 were drawn from this region. The total sample of 7500 households included 709 respondents from the former Western Metropolitan Region and 676 respondents from the former Northern Metropolitan Region.

## 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.<sup>1</sup> Figure 1 presents the proportion of males and females from the North and West Metropolitan Region who assessed their health as excellent, very good, good, fair or poor:



- Nine per cent of males in the North and West Metropolitan Region rated their health as excellent, compared with 12.3 per cent of females (figure 1). Almost 31 per cent of males (30.7 per cent) and 32.3 per cent of females rated their health as very good.
- The proportion of males in the region who rated their health as poor was one and a half times greater than the proportion of females who reported poor health (3.6 per cent and 2.4 per cent respectively). Almost 16 per cent of males (15.7 per cent) in the region rated their health as fair, as did more than one in eight females (12.7 per cent).

## Self-reported health status, by selected characteristics

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

<sup>1</sup> 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 Miiunpalo, 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 – North and West Metropolitan Region and Victoria**

	North and West Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
<b>Sex</b>				
Male	19.3	16.0–23.0	16.1	14.5–17.8
Female	15.1	12.5–18.2	14.6	13.2–16.0
<b>Age group</b>				
18–24 years	16.8	10.8–25.3	12.6	9.7–16.3
25–34 years	12.1	8.1–17.8	13.1	10.8–15.7
35–44 years	15.8	11.1–22.1	11.2	9.4–13.3
45–54 years	20.7	14.5–28.5	16.6	14.2–19.4
55–64 years	18.5	12.1–27.2	18.4	15.5–21.6
65+ years	28.1	20.4–37.2	21.3	18.6–24.3
<b>Highest level of education</b>				
Primary	50.2	37.5–62.8	40.9	32.9–49.4
Secondary	17.4	14.5–20.7	16.0	14.6–17.5
Tertiary	12.7	9.9–16.1	12.4	11.0–14.1
<b>Annual household income</b>				
Less than \$20,000	26.2	21.1–32.0	23.4	21.0–26.0
\$20,000 to less than \$40,000	15.7	11.2–21.6	15.5	13.2–18.1
\$40,000 to less than \$60,000	18.5	13.4–24.9	13.5	11.3–16.1
\$60,000 or more	9.7	6.8–13.6	10.4	8.7–12.3
<b>Country of birth</b>				
Australia	15.3	12.9–17.9	14.6	13.5–15.8
English speaking	11.4	6.3–19.7	11.5	8.7–15.1
Non-English speaking	23.4	18.5–29.2	20.7	17.5–24.3

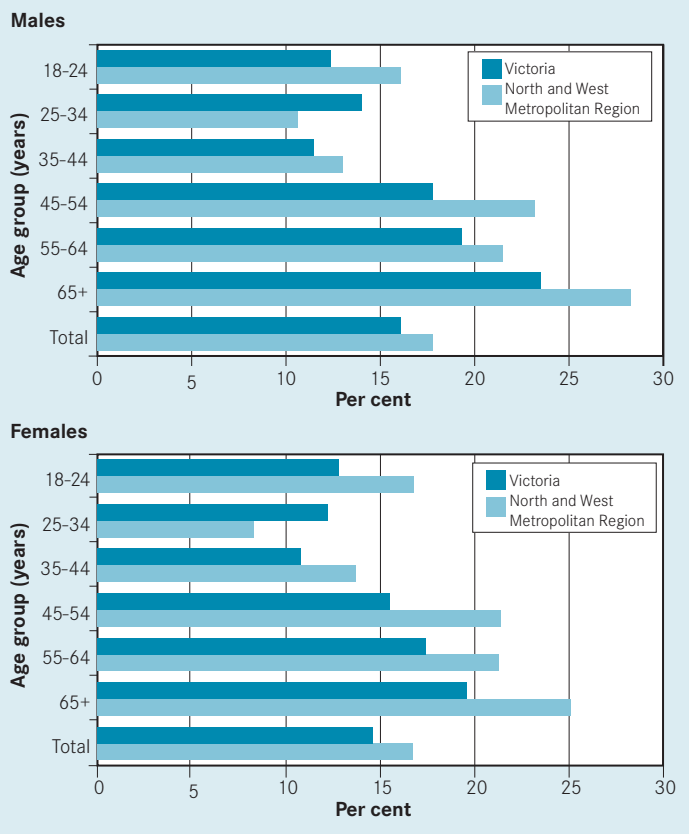
- In the region and for Victoria as a whole, the proportion of adults whose self-reported health status was fair or poor was significantly greater among those with annual household incomes below \$20,000 than among those with household incomes of \$60,000 or more (table 1). More than one in four (26.2 per cent) adults 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 a household income of \$60,000 or more per year (table 1).
- In the region and for Victoria as a whole, the proportion of adults born in a non-English speaking country who reported their health was either fair or poor was significantly greater than

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.

the proportion of adults born in Australia who reported fair or poor health (23.4 per cent compared with 15.3 per cent).

- There were no significant differences by sex, age, education, annual household income or country of birth between Victoria and the North Western Metropolitan 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 22.9 per cent of those aged 65 years or over to 11.8 per cent of those aged 25–34 years (figure 2).
- The proportion of males in the region who rated their health as fair or poor ranged from 28.1 per cent of those aged 65 years or over to 12.1 per cent of those aged 25–34 years (figure 2).

**Figure 2: Proportion of adults reporting fair or poor health status, by age and sex – North and West 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.<sup>2</sup> 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.<sup>3</sup> 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 module<sup>4</sup>**

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?

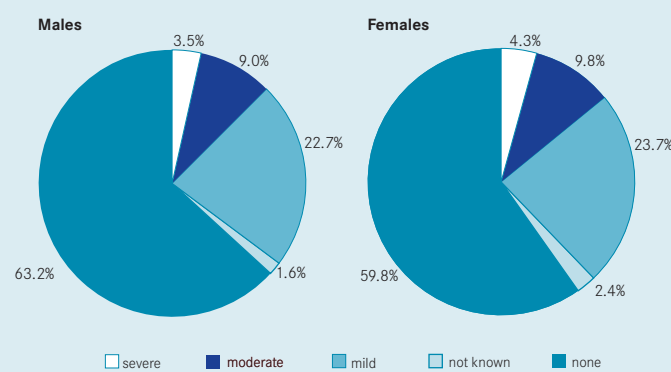
A total score on the K10 is calculated based on how frequently in the previous four weeks an individual reports having experienced negative emotional states. In general, the higher the K10 score,

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 proportion 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 – North and West Metropolitan 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 North and West Metropolitan Region who had no psychological distress, as evidenced by their K10 scores, were similar (63.2 per cent and 59.8 per cent respectively) (figure 4).
- Nine per cent of males and 9.8 per cent of females in the region had K10 scores in the range associated with moderate distress. A further 22.7 per cent of males in the region and 23.7 per cent of females had K10 scores reflecting a mild level of psychological distress.
- More than 3 per cent of males (3.5 per cent) in the region and 4.3 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 (1.6 per cent and 2.4 per cent respectively).

Table 2 provides a breakdown of K10 scores for adults in the North and West 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 – North and West Metropolitan Region and Victoria**

	North and West Metropolitan Region		Victoria	
	Moderate % (95% CI)	Severe % (95% CI)	Moderate % (95% CI)	Severe % (95% CI)
<b>Highest level of education</b>				
Primary	5.7 (2.4–13.1)	7.9 (3.9–15.5)	7.1 (4.3–11.6)	6.7 (4.0–11.0)
Secondary	10.2 (8.0–12.9)	4.6 (3.2–6.6)	9.1 (7.9–10.3)	3.1 (2.5–3.8)
Tertiary	9.1 (6.9–12.0)	2.7 (1.6–4.6)	7.9 (6.7–9.3)	1.8 (1.2–2.5)
<b>Annual household income</b>				
Less than \$20,000	12.5 (9.0–17.2)	6.8 (4.4–10.2)	12.7 (10.7–14.9)	5.0 (3.9–6.4)
\$20,000 to less than \$40,000	9.7 (6.3–14.6)	8.2 (5.0–13.3)	9.7 (7.7–12.1)	3.6 (2.5–5.2)
\$40,000 to less than \$60,000	11.3 (7.7–16.4)	3.4 (1.6–7.0)	7.7 (6.0–9.8)	1.8 (1.1–3.0)
\$60,000 or more	6.5 (4.2–9.8)	1.1 (0.4–3.1)	5.5 (4.3–7.1)	1.3 (0.7–2.2)
<b>Country of birth</b>				
Australia	9.5 (7.6–11.8)	3.6 (2.5–5.1)	8.2 (7.3–9.2)	2.5 (2.0–3.0)
English speaking	5.2 (2.0–12.7)	4.3 (1.3–13.6)	4.7 (3.0–7.3)	2.4 (1.1–5.0)
Non-English speaking	9.4 (6.4–13.4)	5.0 (3.8–8.1)	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.

- Almost 5 per cent (4.6 per cent) of adults in the North and West Metropolitan Region with a tertiary level of education had K10 scores in the severe range, compared with 2.7 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 households with incomes below \$40,000 (6.8 per cent and 8.2 per cent respectively) than among those with annual household incomes of \$60,000 or more (1.1 per cent). There were no differences by annual household income in the proportion of those with moderate K10 scores.
- Based on their K10 scores, 9.5 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 3.6 per cent were likely to have experienced severe psychological distress during this time. The proportions with moderate and severe K10 scores were similar among those who were born in non-English speaking countries (9.4 per cent and 5.0 per cent respectively).
- There were no significant differences by education, annual household income or country of birth between Victoria and the North Western Metropolitan 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 North and West 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 – North and West Metropolitan Region and Victoria**

	North and West Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
<b>Sex</b>				
Male	7.9	5.8–10.7	5.7	4.8–6.9
Female	8.7	6.8–11.0	7.6	6.7–8.7
<b>Age group</b>				
18–24 years	8.4	4.8–14.4	5.4	3.7–7.9
25–34 years	8.9	5.9–13.2	9.1	7.3–11.3
35–44 years	11.6	8.4–15.9	8.1	6.6–9.9
45–54 years	8.2	5.1–12.9	7.0	5.5–8.9
55–64 years	6.4	3.8–10.7	6.4	4.8–8.5
65+ years	4.0	1.8–8.7	3.1	2.1–4.5
<b>Highest level of education</b>				
Primary	13.0	6.6–23.9	9.7	5.8–15.6
Secondary	7.6	5.8–10.0	6.9	5.9–7.9
Tertiary	8.7	6.5–11.5	6.4	5.4–7.5
<b>Annual household income</b>				
Less than \$20,000	12.3	8.9–16.8	9.2	7.7–11.1
\$20,000 to less than \$40,000	9.6	6.4–14.2	7.2	5.7–9.2
\$40,000 to less than \$60,000	5.1	2.8–9.3	5.1	3.8–6.8
\$60,000 or more	7.7	5.2–11.1	6.5	5.2–8.0



- Approximately 8 per cent of males (7.9 per cent) in the North and West Metropolitan Region and 8.7 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 in the previous year ranged from 11.6 per cent of those aged 35–44 years to 4.0 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 Victoria and the region 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 North and West 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](http://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.<sup>5</sup> Table 4 presents the proportion 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’.

<sup>5</sup> 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 – North and West Metropolitan Region and Victoria**

Source of help	North and West Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
<b>Males</b>				
Family	5.9	4.3–8.1	5.8	4.9–6.8
Friends	6.3	4.5–8.7	5.9	5.0–7.1
Neighbours	32.1	28.0–36.5	28.6	26.4–30.8
<b>Females</b>				
Family	5.6	4.2–7.6	6.2	5.4–7.2
Friends	6.8	5.1–8.9	5.3	4.4–6.2
Neighbours	32.8	29.1–36.6	28.7	26.9–30.6

- For both males and females, the proportion of adults in the North and West Metropolitan region who could not obtain help from family when they needed it (5.9 per cent and 5.6 per cent) was similar to the proportion who could not obtain help from friends (6.3 per cent and 6.8 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 five to six times greater than the proportions who could not reliably access help from family or friends. More than three in 10 males and females (32.1 per cent and 32.8 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 North and West Metropolitan Region.





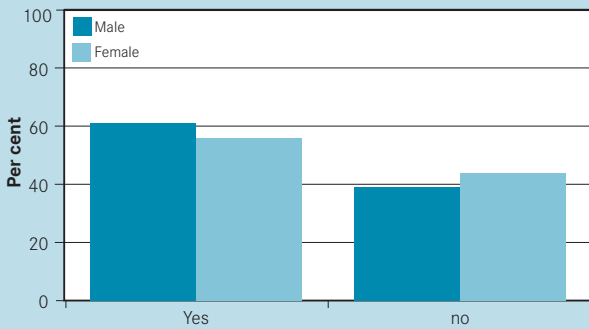
- Approximately 60.9 per cent of males and 56.0 per cent of females in the North and West Metropolitan Region were members of a group (a sports, church, school, community or action, or professional group, or an academic society) (figure 5).
- More than seven in 10 males (72.8 per cent) in the region reported that they felt safe walking down their street alone at night, compared with 35.4 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 (38.4 per cent versus 10.0 per cent).
- Over half of the males (55.2 per cent) in the region reported that they definitely felt valued by society, compared with 53.3 per cent of females.

- The proportions of males and females in the region who felt most people could definitely be trusted were similar (31.3 per cent and 28.3 per cent respectively). A further 41.9 per cent of males and 46.1 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 (70.2 per cent and 69.4 per cent respectively).
- More than two thirds of males and females in the region reported that multiculturalism definitely made life in their area better (both 66.9 per cent).

**Figure 5: Selected community strength indicators – North and West Metropolitan Region**

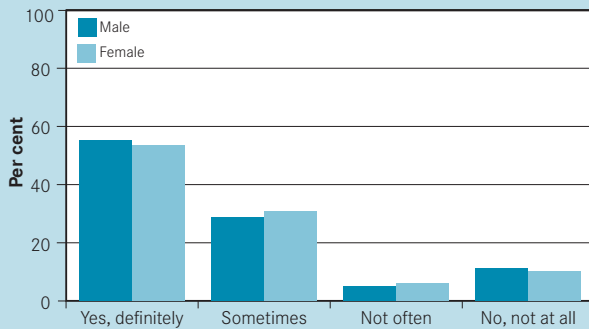
**Community participation**

Group membership



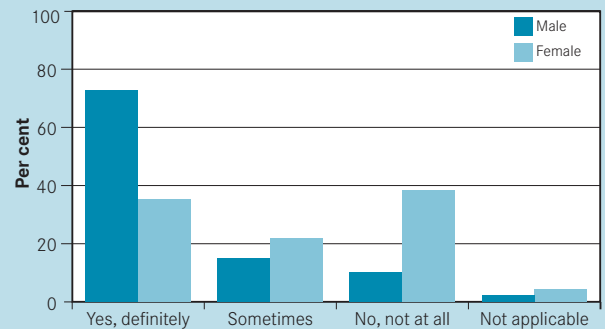
**Perceptions of being valued**

Feel valued by society



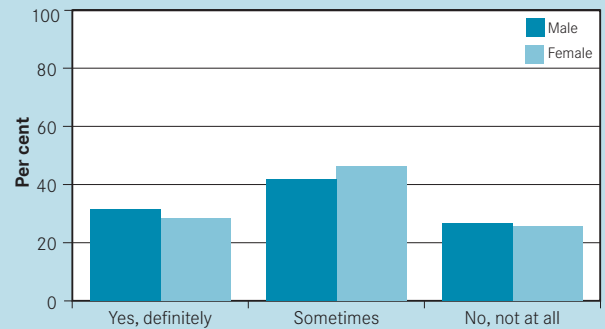
**Perceptions of safety**

Feel safe walking down their street alone at night



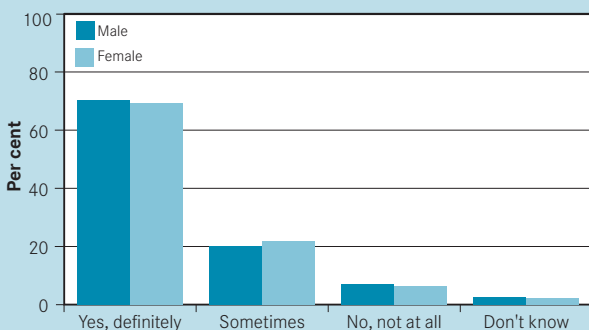
**Perceptions of trust**

Most people can be trusted

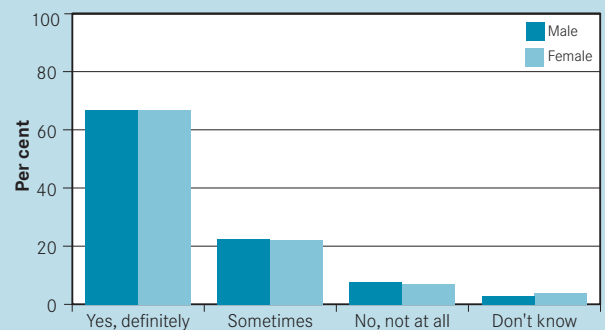


**Tolerance of diversity**

Enjoy living among people of different lifestyles



Multiculturalism makes life in area better





### Rates

The 2001 Victorian population<sup>6</sup> 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.

<sup>6</sup> Department of Infrastructure 2001, *Population projections 2001*, Government of Victoria, Melbourne.

