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FACTS AND FIGURES ABOUT MENTAL HEALTH AND MOOD DISORDERS

What this fact sheet covers:

- General information about mental illness in Australia
- Suicide in Australia
- Depression facts and figures
- Bipolar disorder facts and figures
- Mood disorders and gender differences
- Perinatal depression
- References
- Where to get more information

General information about mental illness in Australia

Mental illness is very common. One in five (20%) Australians aged 16-85 experience a mental illness in any year. The most common mental illnesses are depressive, anxiety and substance use disorder. These three types of mental illnesses often occur in combination. For example, a person with an anxiety disorder could also develop depression, or a person with depression might misuse alcohol or other drugs, in an effort to self-medicate. Of the 20% of Australians with a mental illness in any one year, 11.5% have one disorder and 8.5% have two or more disorders. Almost half (45%) Australians will experience a mental illness in their lifetime [1].

The onset of mental illness is typically around mid-to-late adolescence and Australian youth (18-24 years old) have the highest prevalence of mental illness than any other age group. Over one in four (26%) young Australians experience a mental illness every year [1]. Common mental illnesses in young Australians are: anxiety disorders (14%), depressive disorders (6%) and substance use disorders (5%) [2].

65% of people with mental illness do not access any treatment [3,4]. This is worsened by delayed treatment due to serious problems in detection and accurate diagnosis. The proportion of people with mental illness accessing treatment is half that of people with physical disorders [4].

Suicide in Australia

Every day, at least six Australians die from suicide and a further thirty people will attempt to take their own life [5]. While suicide accounts for only a relatively small proportion (1.6%) of all deaths in Australia, it does account for a greater proportion of deaths from all causes within specific age groups. For example, suicide is the leading cause of death for young people aged 15-24 [6]. Australians are more likely to die by suicide than skin cancer, yet we know comparatively little about the processes that lead to suicide and how and when to effectively intervene.



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Men are at greatest risk of suicide but least likely to seek help. In 2010 men accounted for over three-quarters (76.9%) of deaths from suicide however, an estimated 72% of males don't seek help for mental disorders. Other groups, including Indigenous Australians, people in rural and remote areas, gay, lesbian bisexual and transgender people and children are also at greatest risk [5, 7].

Attempted suicide is also an important issue with estimates that in Australia over 60,000 people a year attempt to take their own lives, the majority being women. It is recognised that the number of suicides and attempted suicides is likely to be underreported for a number of reasons including the practical problems of determining a person's intentions, reporting problems and the stigma around suicide and self harm [5].

Depression facts and figures

Depression has a high lifetime prevalence - one in seven Australians will experience depression in their lifetime [1]. Depression has the third highest burden of all diseases in Australia (13.3%) [3] and also third globally [8]. Burden of disease refers to the total impact of a disease measured by financial cost, mortality, morbidity and other indicators. It is often expressed as number of years of life lost due to ill-health, disability or early death [3].

In addition, depression is the number one cause of non-fatal disability in Australia (24%) [3]. This means that on average, people with depression live with this disability for a higher number of years than people suffering from other non-fatal diseases such as hearing loss and dementia. The World Health Organisation estimates that depression will be the number one health concern in both the developed and developing nations by 2030 [8].

Bipolar disorder facts and figures

Bipolar I disorder is when the person experiences oscillating manic (extreme 'highs', often with psychotic features) and depressive episodes. The severity and duration of these episodes are often severe and may result in hospitalisation. Bipolar II disorder is when the person experiences oscillating hypomanic (less severe 'highs' with no psychotic features) and depressive episodes.

Bipolar I disorder may be experienced by up to 1% Australians over their lifetime (there being no gender difference). The lifetime risk of Bipolar II disorder is up to 5% (with rates higher in women). Early onset of bipolar disorder in childhood is rare. The most common risk period is in mid to late adolescence [9].



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Amongst people with bipolar disorder, there is typically a 10-20 year interval from first mood episode to diagnosis. During that period of undiagnosed and untreated mood volatility, considerable damage can occur both to the individual and others (e.g. marital break-up). Some people with bipolar disorder are more likely to have significant problems with alcohol and illicit drugs as they try to self-medicate [9].

Mood disorders and gender differences

Rates of depression are slightly higher in women with depression, affecting one in six (17%) compared to one in 10 (10%) men experiencing depression in their lifetime. Across both sub-types, bipolar disorder affects around one in 33 (3%) men and women in their lifetime [1]. However, prevalence of bipolar disorder is probably higher than the statistics suggest, as many cases are often undetected or misdiagnosed.

Mood disorders are overall more prevalent among males in the 35-44 age group, while for women they are more prevalent in the 25-34 age group, than for other age groups. 7.1% of women compared to 5.3% of men, are more likely to report experiencing mood disorders [1].

Perinatal depression

Data from the 2010 Australian National Infant Feeding Survey showed that one in five mothers of children aged 24 months or less had been diagnosed with depression. More than half of these mothers reported that their diagnosed depression was perinatal (that is, the depression was diagnosed from pregnancy until the child's first birthday). Further, of all the cases of diagnosed depression, just over one in five were diagnosed for the first time during the perinatal period of the infant selected for the 2010 survey [10].

The majority of mothers suffering from perinatal depression sought treatment from their general practitioner (GP) and support from family and friends. Perinatal depression was more commonly reported among mothers who:

- were younger (aged under 25)
- were smokers
- came from lower income households
- spoke English at home
- were overweight or obese
- had an emergency caesarean section



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Perinatal depression was less commonly reported among mothers who had higher levels of education (bachelor degree or higher), were working at the time of the survey, and primarily spoke a language other than English at home [10].

If you are feeling suicidal contact Lifeline's 24 hour crisis support service on 13 11 14 or seek immediate help from a GP, psychiatrist or a psychologist.

References

1. Australian Bureau of Statistics (2009). **National Survey of Mental Health and Wellbeing: Summary of Results, 4326.0, 2007**. ABS: Canberra.
2. Kitchener, B.A. and Jorm, A.F. (2009). **Youth Mental Health First Aid: A manual for adults assisting youth**. ORYGEN Research Centre, Melbourne.
3. Australian Institute of Health and Welfare (2007). **The Burden of Disease and Injury in Australia**. AIHW: Canberra.
4. Commonwealth of Australia (2010). **National Mental Health Report 2010**. Canberra, Australia.
5. The Australian Senate (2010). **The Hidden Toll: Suicide in Australia Report of the Senate Community Affairs References Committee**. Commonwealth of Australia, Canberra.
6. Australian Bureau of Statistics (2012). **ABS 3303.0 Causes of Death, Australia, 2010**. ABS: Canberra.
7. **Commonwealth response to The Hidden Toll: Suicide in Australia Report of the Senate Community Affairs Reference Committee**. Commonwealth of Australia 2010, Canberra.
8. World Health Organisation (2008). **The global burden of disease: 2004 update**.
9. Eysers, K. & Parker, G. (Eds) (2008). **Mastering Bipolar Disorder: An insider's guide to managing mood swings and finding balance**. Allen & Unwin, Sydney.
10. Australian Institute of Health and Welfare (2012). **Perinatal depression: data from the 2010 Australian National Infant Feeding Survey**. AIHW: Canberra.

Where to get more information

- **1800 011 511 Mental Health Line** is a NSW Government phone service operating 24 hours a day, seven days a week and will provide a telephone triage assessment and referral service staffed by mental health clinicians. The Mental Health Line is not an emergency service. People in a life-threatening situation must still call 000 to receive immediate help
- **Emergency Help:** www.blackdoginstitute.org.au (Getting Help > Emergency Help)
- **Helpful Links:** www.blackdoginstitute.org.au (Getting Help)
- Parker, G. (2004). **Dealing with Depression: a common sense guide to mood disorders**. Allen & Unwin, Sydney



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- Wigney, T., Eysers, K. & Parker, G. (Eds). (2007). **Journeys with the Black Dog: Inspirational stories of bringing depression to heel.** Allen & Unwin, Sydney
- Watch our **Online Depression Education Program:** www.blackdoginstitute.org.au (Depression)
- **Recommended Reading List:** www.blackdoginstitute.org.au (Getting Help > Reading List)

Black Dog Institute

Hospital Road, Prince of Wales Hospital, Randwick NSW 2031

(02) 9382 4530 / (02) 9382 4523

www.blackdoginstitute.org.au

Email: blackdog@blackdog.org.au