

Science.
Compassion.
Action.

Statistics on Mental Health in Australia

Black Dog Institute, January 2021



Black Dog
Institute

Table of contents

- 3 Prevalence of mental illness
- 3 Onset of mental illness
- 4 Suicide and self-harm
- 5 Burden of mental ill-health and suicide
- 5 Mental health spending
- 5 Help-seeking rates
- 6 Access to mental health services
- 6 Access to evidence-based care
- 6 Workplace
- 7 Priority populations
- 8 References

Prevalence of mental illness

- 1 in 5 Australians will experience a mental illness within the year – i.e., the 12-month prevalence rate of mental illness in Australia is 20% (1)
- Nearly 1 in 2 Australians (aged 16–85) will experience a mental illness in their lifetime (2)
- The 12-month prevalence of anxiety disorders is 14.4% – approximately 1 in 7 (1)
- The 12-month prevalence of affective disorders (including depression) is 6.2% – approximately 1 in 16 (1)
- The 12-month prevalence of substance use disorders is 5.1% – approximately 1 in 20 (1)
- 17% of Australians aged 16 to 85 have experienced an anxiety and/or affective disorder in the past 12 months – approximately 1 in 6 (1)
- 17.8% of females aged 16 to 85 will experience an affective disorder in their lifetime compared to 12.2% of men (1)
- 32.0% of females aged 16 to 85 will experience an anxiety disorder in their lifetime compared to 20.4% of men (1)
- In 2017–18, around one in eight (13.0% or 2.4 million) Australians aged 18 years and over experienced high or very high levels of psychological distress, an increase from 2014–15 (11.7%) (3)
- 75% of adult Australians have experienced a traumatic event at some point in their life 1 in 6 of these people go on to be diagnosed with PTSD at some point in their life. PTSD has a lifetime prevalence rate of about 12% (4)
- 0.8 million Australians are thought to have severe mental illness. 1.2 million are thought to have moderate mental illness, 2.3 million are thought to have mild mental illness, and 5.9 million are thought to be at risk (4)
- People with a mental illness are more likely to also have a physical illness (4)
- 10–15% of older adults experience depression, and about 10% experience anxiety (5)
- Rates of depression among people living in residential care are around 30% (5)
- 1 in 4 young Australians (ages 16–24) will experience a mental illness within the year – i.e., the 12-month prevalence rate of mental illness for young people in Australia is 26.4% (1)
- The 12-month prevalence of anxiety disorders is 15.4% in ages 16–24 – approximately 1 in 6 (1)
- 12-month prevalence of affective disorders (including depression) is 6.3% in ages 16–24 – approximately 1 in 16 (1)
- 12-month prevalence of substance use disorders is 12.7% in ages 16–24 – approximately 1 in 8 (1)
- 14% of children and adolescents (ages 4–17) experience a mental disorder in the last 12 months – approximately 1 in 7 (6)

Onset of mental illness

- Half of all the mental health conditions we experience at some point in our lives will have started by age 14 (7)
- Over 75% of mental health problems occur before the age of 25 (7)

Suicide and self-harm

- Suicide is the 13th leading cause of death for Australians (8)
- Suicide is the 10th leading cause of death for men, and the 22nd leading causes of death for women (8)
- Male suicides make up three-quarters of all suicides in Australia (8)
- While males are more likely than females to die by suicide, females are more likely to be hospitalised for intentional self-harm (9)
- In 2019, the rate of suicide deaths was 19.9 for men (i.e., 19.9 per 100,000) and the rate of suicide deaths for women was 6.4 (6.4 per 100,000) (8)
- Aboriginal and Torres Strait Islander people die by suicide at 2 times the rate of non-Indigenous people (8)
- Suicide was the leading cause of death among people aged 15–44 in 2016–2018 (9)
- 3,318 people died by suicide in 2019; 9 deaths per day (8)
- Approximately 65,000 Australians make a suicide attempt each year – exact numbers not known (10)
- The highest proportion of deaths by suicide occurs in mid-life; age 30–59. The median age at death for suicide is 43.9 years (8)
- 65% of people who died by suicide had a known mental illness (4)
- Young Australians are more likely to take their own life than die in motor vehicle accidents (11)
- Aboriginal and Torres Strait Islander young people die by suicide at 4 times the rate of non-Indigenous young people
- Suicide is the leading cause of death in young people aged 15–24 (11)
- Young women aged 15–19 years are 4 times more likely than young men aged 15–19 years to be hospitalised for intentional self-harm (9)
- 1 in 10 young people aged 12–17 years old will self-harm, 1 in 13 will seriously consider a suicide attempt, and 1 in 40 will attempt suicide (6)
- In 2019, suicide accounted for 2 in 5 deaths among people aged 15–17 years (40%) and more than one in three among those aged 18–24 years (36%). This represents an increase of 25% for both age groups over the last decade (8)

Burden of mental ill-health and suicide

- The direct costs of mental ill health and suicide in Australia is estimated to be \$70 billion per year. This includes: 1) direct expenditure on mental healthcare and support of \$16 billion 2) cost of lower economic participation and lost productivity of \$39 billion, and 3) total annual cost of replacing support provided by carers of \$15 billion (4)
- The cost of disability and premature death due to mental illness, suicide and self-inflicted injury in Australia is a further \$151 billion per year (4)
- Total cost of mental ill health and suicide in Australia is therefore estimated at \$220 billion per year, which is \$600 million per day (4)
- Intentional self-harm is the leading cause of years of potential life lost in Australia (4)
- Mental illness is the fourth largest cause of overall health loss – i.e., the 4th highest in disability adjusted life years (4)
- Mental illness is the second highest cause of disability – i.e., the 2nd highest years lived in disability (4)

Mental health spending

- Implementation of the PC report recommendations would cost \$3.5–4.2 billion. These reforms are expected to lead to cost savings of \$1.7 billion and increases in aggregate income of up to \$1.3 billion.(4)
- Implementation of the PC report recommendations would improve quality of life in the order of \$18 billion per year, based on improvement of 84,000 quality-adjusted life years (4)
- For every \$1 spent per capita on Medicare mental health services in major cities, 77c is spent in inner regional areas, and 10c is spent in very remote areas (12)
- One report found that for every \$1 employers spend on successfully implementing effective actions around mental health in the workplace, they gain an average of \$2.30 in benefits (13)

Help-seeking rates

- The estimated population treatment rate for mental disorders in Australia increased from 37% in 2006–07 to 46% in 2009–10 (14)
- Around two-thirds of all people with a 12 month mental disorder did not seek help from health professionals for their mental health problems in the 12 months prior (15)
- COVID help seeking: In mid-August 2020, one in six people (17%) who experienced feelings that impacted their wellbeing had discussed them with a doctor or other health professional (16)
- Only 50% of Australian children with a mental disorder receive help. Only one third of children with a mental disorder receive help within the school environment (6)
- Men are less likely to seek help than women (17)
- Service use among young men with mental illness aged 16–24 years is particularly low (13.2%), which is in contrast to the relatively high prevalence of 22.8% with mental disorders in this age group (17)
- 31% of young woman aged 16–24 with mental illness used mental health services (17)

Access to mental health services

- Each year, 4.3 million Australians receive one or more mental health related prescriptions (4)
- 1.4 million people accessed 6 million sessions of psychological therapy (4)
- 700,000 people receive mental health prescriptions and psychological therapy (4)
- 20 million GP visits involved a psychological problem (4)
- 41,000 people accessed private psychiatric care (4)
- 435,000 people accessed community ambulatory care (4)
- It is estimated that 500,000 Australians who are not accessing any care could benefit from low-intensity treatment options and an additional 2 million people who are currently receiving medication or individual psychology therapy could benefit from low-intensity services also (4)
- It is estimated that several hundred thousand people with acute needs are missing out on the care they need “the missing middle” (4)
- Approximately 20,000 people per year are currently access online mental health information and services (4)
- Only 4,000 people per year are receiving online treatment supported by a clinician (4)
- There are 15,000 to 19,000 people with mental illness in need of stable longer-term housing solutions (4)

Access to evidence-based care

- One third to half of those with mental illness in Australia are seeking help – a smaller proportion will receive care that is evidence-based (14)
- In Australia, there is evidence that treatments provided are often not consistent with clinical practice guidelines. It has been estimated that 39% of cases of mood or anxiety disorders sought professional help, 26% received an evidence-based intervention, and 16% received minimally adequate treatment (18)
- Estimates suggest only 3% of children who seek help for mental illness receive evidence-based care (19)

Workplace

- Half of Australian employees think that their workplace is mentally healthy (24)
- 21% of Australians have taken time off work in the past 12 months due to feeling stressed, anxious, depressed or mentally unhealthy. Of those who consider their workplace to be mentally unhealthy, this statistic was twice as high – 46% had taken time off work due to mental ill health (24)
- About 2.8 million working Australians have mental illness, requiring time off work to maintain their wellbeing (4)
- People with mental ill-health took an average of 10 to 12 days per year off work due to psychological distress (4)
- A further 440,000 working Australians are carers of someone with mental illness (4)

Priority populations

- Aboriginal and Torres Strait Islander people die by suicide at 2x the rate of non-Indigenous people (8)
- Deaths of Aboriginal and Torres Strait Islander males typically represent the majority of Indigenous suicide deaths, with 70.3 per cent of all Indigenous suicide deaths in 2019 accounted for by males (8)
- In 2019, the median age for Aboriginal and Torres Strait Islander suicide deaths was 30.5 years of age for males and 27.0 years of age for females (8)
- About a third (31.7%) of Aboriginal and Torres Strait Islander people experience high to very high levels of psychological distress (20), and this rate is more than twice as high as the general population (3)
- LGBTIQ+ Australians are more likely to have psychological distress (21)
- The prevalence of depression is three times as high in LGB Australians, with 19.2% of those aged 16–85 having experienced an affective disorder including depression in last 12 months (1)
- The prevalence of anxiety is twice as high in LGB Australians, with 31.5% of those aged 16–85 having experienced an anxiety disorder in last year (1)
- Although there is little data, people identifying as transgender have some of the highest levels of psychological distress (21)
- 16% of young people aged between 16–27 identifying as LGBTI have attempted suicide – approximately 1 in 6 (22)
- 33% of young people aged between 16–27 identifying as LGBTI have self-harmed – approximately 1 in 3 (22)
- For transgender young people aged 16–27, 3 in 4 have experienced anxiety or depression, 4 of 5 have self-harmed, and 48% have attempted suicide (23)
- Suicide risk increases with remoteness; major cities have the lowest risk followed by increasing rates in inner regional, outer regional, remote and very remote (12)
- Suicide rates outside of major cities (average of inner regional, outer regional, remote and very remote) are 50% higher than within major cities (12)
- Suicide rates in very remote communities are more than twice as high as in major cities (12)
- For every \$1 spent per capita on Medicare mental health services in major cities, 77c is spent in inner regional areas, and 10c is spent in very remote areas (12)
- The number of mental health professionals per capita declines with remoteness (12)
- The National Mental Health survey suggests prevalence of mental ill health is lower than in the general population, but there is a lack of research in this group (1)
- Humanitarian migrants are more likely to have high psychological distress compared to general population (4)

References

1. Australian Bureau of Statistics, National Survey of Mental Health and Wellbeing 2008. Available from: <https://www.abs.gov.au/statistics/health/mental-health/national-survey-mental-health-and-wellbeing-summary-results/latest-release>
2. Australian Institute of Health and Welfare, Australia's health 2020: Mental health, 2020. Available from: <https://www.aihw.gov.au/reports/australias-health/mental-health>
3. Australian Bureau of Statistics, National Health Survey: First results, 2018. Available from: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release>
4. Productivity Commission, Mental health, Report no. 95., 2020. Canberra. Available from: <https://www.pc.gov.au/inquiries/completed/mental-health/report>
5. National Ageing Research Institute, beyondblue depression in older age: A scoping study. Final report, 2009. Melbourne. Available from: <https://www.beyondblue.org.au/docs/default-source/research-project-files/bw0143---nari-2009-full-report---minus-appendices.pdf?sfvrsn=4>
6. Lawrence, D., et al., The mental health of children and adolescents. Report on the second Australian child and adolescent survey of mental health and wellbeing, 2015. Canberra. Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-m-child2>
7. Kessler, R.C., et al., Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 2005. 62(6): p. 593-602. DOI: <https://doi.org/doi:10.1001/archpsyc.62.6.593>
8. Australian Bureau of Statistics, Causes of Death, Australia, 2020. Available from: <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>
9. Australian Institute of Health and Welfare, Australia's health 2020: Suicide and intentional self-harm, 2020. Available from: <https://www.aihw.gov.au/reports/australias-health/suicide-and-intentional-self-harm>
10. Slade, T., et al., The mental health of Australians 2: Report on the 2007 National Survey of Mental Health and Wellbeing, 2009. Canberra. Available from: [https://www1.health.gov.au/internet/main/publishing.nsf/%20content/A24556C814804A99CA257BF0001CAC45/\\$File/mhaust2.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/%20content/A24556C814804A99CA257BF0001CAC45/$File/mhaust2.pdf)
11. Australian Institute of Health and Welfare, Deaths in Australia, 2020. Available from: <https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/leading-causes-of-death>
12. Hazell, T., et al., Rural suicide and its prevention: A CRRMH position paper, 2017. Available from: https://www.crrmh.com.au/content/uploads/RuralSuicidePreventionPaper_2017_WEB_FINAL.pdf
13. beyondblue and PwC, Creating a mentally healthy workplace: Return on investment analysis 2014. Available from: https://www.headsup.org.au/docs/default-source/resources/beyondblue_workplaceroi_finalreport_may-2014.pdf
14. Whiteford, H.A., et al., Estimating treatment rates for mental disorders in Australia. Australian Health Review, 2014. 38(1): p. 80-85. DOI: <https://doi.org/10.1071/AH13142>
15. Slade, T., et al., 2007 National survey of mental health and wellbeing: Methods and key findings. Australian and New Zealand Journal of Psychiatry, 2009. 43(7): p. 594-605. DOI: <https://doi.org/10.1080/00048670902970882>
16. Australian Bureau of Statistics, Household impacts of COVID-19 survey. 2020. Available from: <https://www.abs.gov.au/statistics/people/people-and-communities/household-impacts-covid-19-survey/aug-2020#emotional-and-mental-wellbeing>
17. Burgess, P.M., et al., Service use for mental health problems: Findings from the 2007 National Survey of Mental Health and Wellbeing. Australian and New Zealand Journal of Psychiatry, 2009. 43(7): p. 615-623. DOI: <https://doi.org/10.1080/00048670902970858>
18. Harris, M.G., et al., Frequency and quality of mental health treatment for affective and anxiety disorders among Australian adults. Medical Journal of Australia, 2015. 202(4): p. 185-189. DOI: <https://doi.org/10.5694/mja14.00297>
19. Reardon, T., K. Harvey, and C. Creswell, Seeking and accessing professional support for child anxiety in a community sample. European Child & Adolescent Psychiatry, 2019: p. 1-16. DOI: <https://doi.org/10.1007/s00787-019-01388-4>
20. Australian Bureau of Statistics, Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13, 2013. Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4727.0.55.001main+features802012-13>
21. Leonard, W., et al., Private lives 2: The second National survey on the health and wellbeing of GLBT Australians 2012. Available from: <https://apo.org.au/node/31436>
22. Robinson, K., H., et al., Growing up queer: Issues facing young Australians who are gender variant and sexuality diverse, 2014. Melbourne. Available from: <https://www.twenty10.org.au/wp-content/uploads/2016/04/Robinson-et-al.-2014-Growing-up-Queer.pdf>
23. Stauss, P., et al., Trans pathways: The mental health experiences and care pathways of trans young people. Summary of results, 2017. Perth. Available from: <https://www.telethonkids.org.au/globalassets/media/documents/brain--behaviour/trans-pathwayreport-web.pdf>
24. TNS, State of workplace mental health in Australia, 2014. Available from: <https://www.headsup.org.au/docs/default-source/resources/bl1270-report---tns-the-state-of-mental-health-in-australian-workplaces-hr.pdf?sfvrsn=8>

For more information

Government and Stakeholder Relations Advisor | Black Dog Institute

Phone: 0487 770 889

Email: policy@blackdog.org.au



**Black Dog
Institute**