



What this fact sheet covers:

- Mental illness: general information
- Mental illness and gender differences
- Bipolar disorder facts
- Mental illness and young people
- Suicide in Australia
- References

Mental illness: general information

- One in five Australians experiences a mental illness within a 12-month period. [1]
- In 2007, almost half (45%) of all Australians had experienced a mental disorder at some point in their lifetime. [1]
- Depression is the fourth most common problem managed in general practice, according to data on GP activity for 2004-05. [24]
- Mental disorders are the third leading cause of the non-fatal burden of disease and injury in Australia. [3]
- The World Health Organisation estimates that depression will be the number one cause of disability in both the developed and developing worlds by 2030. [20]
- The prevalence of mental disorders is highest among people who are separated or divorced, and lowest among those who are married. [5]
- Mood disorders (i.e. depression and bipolar disorder) are overall more prevalent among people in the 35-44 age group, while for women they are much more prevalent in the 18-24 age group, than for other age groups. [5]
- In a major US study, the average age of onset for anxiety disorders (age 11) was found to be much earlier than for substance use disorders (age 20) and mood disorders (age 30). [6]
- People over the age of 65 are less likely than other age groups to report depression and may not acknowledge being sad, down or depressed. [7]
- Depression can be inherited. The genetic risk of developing *clinical depression* is about 40%, with the remaining 60% being due to stressful events in a person's life, alone, or in conjunction with the individual's personality style. Within this overall class (i.e. 'clinical depression'), there are some sub-types with a very high genetic loading (e.g. melancholia). The non-melancholic disorders have a low genetic loading. [7]
- In 2007, unemployment was slightly higher for those with a mental illness than those without (4.0% compared with 2.7%) and this was true for both men and women. [2]
- Research suggests that certain types of work are associated with higher risk of becoming depressed. Depressive symptoms are more likely to develop in those who work in jobs that have:
 - Higher levels of psychological demand
 - Lower levels of flexibility in decision-making
 - Low levels of social and environmental support
 - Longer work hours. [4]



Mental illness and gender differences

- 7.1% of women, compared to 5.3% of men, are more likely to report experiencing mood disorders. [1, 8]
- Essentially equal numbers of men and women develop melancholic depression and bipolar I disorder, although women are more likely to be diagnosed with bipolar II disorder than men. Read about the distinction between bipolar I and II below in the section 'Bipolar disorder facts'.
- Men are more than twice as likely as women to have substance use disorders (7% compared with 3.3%). [8]
- Men are affected by schizophrenia in slightly higher numbers; women tend to experience later onset, fewer periods of illness and better recovery. [8]
- Women are at increased risk of becoming depressed during pregnancy and are especially at risk during the first year after childbirth. [4]
- Postnatal depression (PND) affects almost 16% of first time mothers in Australia. [9]
- In 2006, four-fifths of postnatal depression encounters in general practice were with women aged 25-44 years and almost one-fifth with women aged 15-24 years. [10]
- Women with a personal history, or a family history of bipolar disorder, are at an 80% increased risk of an episode occurring during pregnancy and after childbirth, and need to be monitored closely for early symptoms. [23]

Bipolar disorder facts

- Bipolar I disorder is when the person experiences one or more lifetime episodes of *mania* and usually episodes of depression. The severity and duration of episodes are often severe and may result in hospitalisation. Bipolar II disorder is when the person experiences episodes of both *hypomania* (a milder form of mania with no psychotic features) and depression.
- The level of pain, suffering, disability and death associated with bipolar disorder is greater than that for ovarian cancer, rheumatoid arthritis or HIV/AIDS, and the same as for schizophrenia. [23]
- Findings of 2007 Australian National Survey of Mental Health & Wellbeing about bipolar disorder:
 - Lifetime prevalence is 1.3% (0.7% bipolar I; 0.6% bipolar II)
 - 12-month prevalence is 0.9% (0.5% bipolar I; 0.4% bipolar II)
 - Most people affected by bipolar disorder had never been in a long-term relationship (65.7%); or were divorced/separated (20.2%)
 - Of this group, 15.8% were unemployed and 36.1% were on government benefits.
 - The majority were unable to carry out normal roles at work or home (spending an average of 9 extra days per month disabled, compared with people with depression)
 - 10% reported at least one suicide attempt in the past 12 months, and 25% over their lifetime (twice the rate of those with depression). [21]
- A 2005 US community epidemiological study (the National Epidemiologic Survey on Alcohol and Related Conditions), estimated the lifetime risk of bipolar I and bipolar II as ranging from 3-10%. [22]



Facts and figures about mental health and mood disorders

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- The odds of developing bipolar I disorder appear to be greatest for people in the 18-29 year old age group, with odds decreasing with age. [22]
- The financial costs of bipolar disorder to the Australian community amount to \$1.59 billion per annum through inability to function at home and in the workplace. [13]
- Those with bipolar I disorder are more likely to be diagnosed with substance use disorder, anxiety disorders, and personality and eating disorders. [22]
- People who are widowed, separated or divorced appear to have a much greater likelihood of developing bipolar I disorder than people who are married or living with a partner, although this may reflect the negative impact that early onset bipolar I can have upon the capacity to maintain intimate relationships. [22]
- The causes of bipolar disorder are approximately 50% attributable to genes and 50% to environmental factors. [23]
- Bipolar disorder has significant financial costs, amounting to \$1.59 billion in Australia in 2003 through lost productivity. [14] However, as this study made a conservative estimate of the lifetime prevalence, the cost to the individual and the country is likely to be much higher.
- Of all Australians with bipolar disorder, only one-third receive treatment, 40% are not taking medication and only 17% access adjunctive psychosocial rehabilitation programs. [14]
- On average, 69% of people with bipolar disorder are misdiagnosed 3.5 times. [14]
- On average, it takes 10.2 years and 4 doctors to obtain a correct diagnosis of bipolar disorder. [14]

Mental illness and young people

- Mental health problems affect 14% of children and adolescents in Australia. [11]
- Young adults aged 18-24 have the highest prevalence of mental disorders of any age group. [1]
- Common mental disorders in young Australian adults are: anxiety disorders (14%), depressive disorders (6%) and substance use disorders (5%). [12]
- About 1% of young Australian adults will suffer from a psychotic disorder – such as schizophrenia or bipolar disorder I – in any one year. [12]
- The onset of bipolar disorder usually occurs in the mid to late teen years. [8]

Suicide in Australia

- Suicide is a relatively uncommon event. In 2005, suicide accounted for 1.6% of the total number of deaths in Australia. [16]
- The 2008 report of the Chief Health Officer reported that suicide rates have been decreasing in NSW over the past decade. In 1998, the rate per 100,000 population was 13:1, in 2006 it was 7:1. This is credited to there being better preventative health programs in the community and earlier detection of mental health problems. [18]
- Males accounted for almost 80% of suicides in 2006. This is largely attributed to the use of more lethal means by men. [18]
- In 2006-07, there were more than 10,000 hospitalisations of NSW residents for intentional self-harm. Females accounted for 60% of these hospitalisations. [18]
- Suicide is the pre-eminent cause of death for people with bipolar disorder. [14]



Facts and figures about mental health and mood disorders

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- According to the Access Economics Report analysing the burden of bipolar disorder and related suicide in Australia (2003), nearly 1 in 8 suicides in Australia are of someone with bipolar disorder. [14]
- Between 1995-2005, the rate of suicide among males was four times higher than that of females, with, for males, 16.4 suicides per 100,000 and, for females, 4.3 per 100,000. [16]
- The highest suicide rate for males in 2005 was observed in the 30-34 year old age group (27.5 per 100,000). [16]
- Rural areas traditionally record higher suicide rates than urban areas. In 1998, there were 17 suicides per 100,000 in rural areas, compared to 13 and 15 per 100,000, respectively, for capital cities and urban areas. [2]
- Suicide accounts for slightly more than one-quarter of all male deaths in the 20-24 year old age group. [9]
- In any year, it is estimated that 12% of adolescents think about suicide, 9% make a suicide plan, 4% make a suicide attempt and 1% make an attempt that requires treatment. [12]
- In 2005, 91 young Australians aged 15-19 years died by suicide. [12]

References

1. ABS, National Survey of Mental Health and Wellbeing of Adults, 1997. (The survey was conducted between May and August 1997 using a sample of 10,600 people aged 18 and over.)
2. ABS (4102.0) Australian Social Trends, 2009. (Information is based on a survey compiled in 2007)
3. Health and Ageing Factbook 2006, Chapter 5, Department of Health and Ageing.
4. Infrapsych - Mental Health & Psychiatric Information [http://www.infrapsych.com]
5. ABS, National Survey of Mental Health and Wellbeing of Adults, 1997.
6. Kessler *et al.* (2005) 'Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication' in *Arch Gen Psychiatry*, Vol. 62; 593-768.
7. Mental Health in Australia: A Snapshot, 2004-05
8. Mind-frame Resource for the Mental Health Sector
9. beyondblue: the national depression initiative, 2009.
10. AIHW (2006) 'Post natal depression in Australian general practice' Australian GP Statistics & Classification Centre, University of Sydney, New South Wales.
11. ABS, Child and Adolescent Component of the National Survey of Mental Health and Wellbeing, 1997
12. Mental Health First Aid, A manual for assisting the youth. 2009
13. Australian Bipolar Schizoaffective support network 2008
14. Access Economics; SANE Australia (2003) *Bipolar disorder: Costs: an analysis of the burden of bipolar disorder and related suicide in Australia*, Melbourne.
15. Depressive and Manic-depressive Associations (DMDA) National (2001) "Living with bipolar disorder: How far have we really come?" Constituency Survey, Chicago, USA.
16. ABS (3309.0) – Suicides, Australia, 2005
17. ABS (3309.0.55.001) – Suicides: Recent Trends, Australia, 1993-2003
18. ABS (4326.0) – National Survey of Mental Health and Wellbeing, 2008
20. World Health Organisation (2008) *The Global Burden of Disease: 2004 Update*, Geneva, Switzerland.
21. Australian Bureau of Statistics (2007) *National Survey of Mental Health and Wellbeing: Summary of Results*. ABS, Canberra.
22. Grant *et al.* (2005) 'Prevalence, correlates and comorbidity of bipolar I disorder and axis II disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions' in *Journal of Clinical Psychiatry*, Vol. 66: 1205-1215.
23. Black Dog Institute website (www.blackdoginstitute.org.au)
24. Britt H, Miller GC, Knox S, Charles J, Pan Y, Henderson J, Bayram C, Valenti L, Ng A, O'Halloran J (2005). *General practice activity in Australia 2004-05*. AIHW Cat. No. GEP 18. Canberra: Australian Institute of Health and Welfare (General Practice Series No. 18).

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