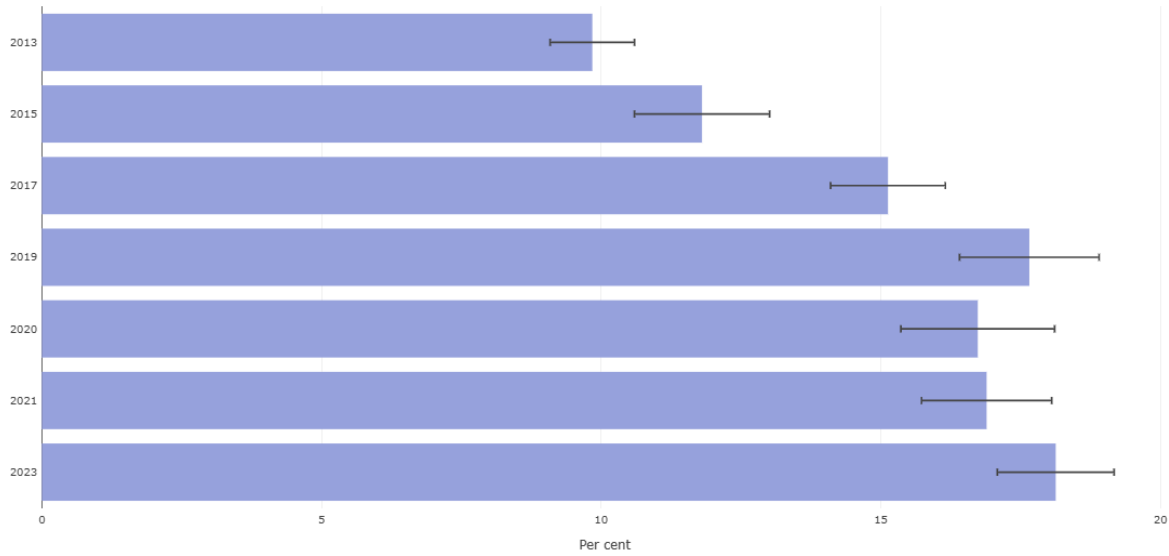https://www.healthstats.nsw.gov.au/r/118402

High or very high psychological distress in adults

by Period

Source:
NSW Population Health Survey (SAPHaRI) Centre for Epidemiology and Evidence, NSW Ministry of Health.

Period	Per cent	LL 95% CI	UL 95% CI
2023	18.1	17.1	19.2
2021	16.9	15.7	18.1
2020	16.7	15.4	18.1
2019	17.7	16.4	18.9
2017	15.1	14.1	16.2
2015	11.8	10.6	13.0
2013	9.8	9.1	10.6

Measure: Per cent · Compare: Period

Commentary: What can we learn from this data? ⌃

Crisis support services, 24 hours, 7 days

Some of these statistics may cause distress. Services you can contact are detailed below:

- Lifeline: 13 11 14
- Suicide Call Back Service: 1300 659 467
- Beyond Blue: 1300 224 636
- MensLine Australia: 1300 789 978
- 13YARN: 13 92 76
- Kids Helpline (for young people aged 5 to 25 years): 1800 551 800
- National Alcohol and Other Drugs Hotline: 1800 250 015
- Headspace: 1800 650 890
- ReachOut
- QLife: 1800 184 527

HealthStats NSW supports responsible, accurate and safe reporting on suicide, mental ill-health and alcohol and other drugs.

In NSW in 2023, 18% of adults experienced high or very high levels of psychological distress (16% of men and 20% of women). Levels of high or very high psychological distress have been relatively stable in the adult population since 2019 (18% in 2019 and 17% in 2021), after increasing steadily from 9.8% in 2013.

High or very high levels of psychological distress decreased with increasing age. The peak level of high or very high levels of psychological distress was 29% among those aged 16-24 years (24% in men and 36% in women). In contrast, only 8.6% of people aged 75 years and over (4.4% for men and 12% for women) reported high or very high levels of psychological distress.

Adults living in the most disadvantaged areas of NSW experienced greater levels of high or very high psychological distress compared with those in the least disadvantaged areas (25% and 14% respectively).

In 2023, 37% of Aboriginal adults in NSW experienced high or very high levels of psychological distress, increasing from 16% in 2013.

The NSW Population Health Survey uses the Kessler 10 Plus (K10) scale to measure psychological distress in people aged 16 years and over. The 10-item questionnaire from the K10 scale measures anxiety, depression, agitation, and psychological fatigue in the most recent 4-week period (Kessler et al, 2003).

Other indicators available on HealthStats NSW related to this topic include:
Psychological distress levels in adults

Notes: What are the technical details of this data? ⌃

Sources
NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.
Description of NSW Population Health Survey
For additional details see https://www.health.nsw.gov.au/surveys/adult/Pages/default.aspx.

Definition
Kessler 10 (K10) is a 10-item questionnaire that measures anxiety, depression, agitation, and psychological fatigue in the most recent 4-week period (Kessler et al 2003).
The indicator showing high and very high distress includes persons with responses scored as a Kessler 10 (K10) score of 22 or above.
For more information about Kessler 10 (K10) refer here.
Source: https://www.hcp.med.harvard.edu/ncs/k6_scales.php accessed 28/5/2024.

Inclusions & Exclusions
Adults are defined as persons aged 16 years and over in the NSW Population Health Survey.
In 2023, there were 11,171 respondents to this question.
Details of respondents over time for this indicator are available here.

Statistical Methods
The K10 questions were included in the survey every year between 2002 and 2011. From 2011 until 2019, the questions were included every second year. The questions have been included in each survey between 2019 and 2021. Since 2021, question inclusion has returned to every second year.
The indicator shows self-reported data collected through Computer Assisted Telephone Interviewing (CATI). In order to address diminishing coverage of the population by landline telephone numbers (<85% since 2010), a mobile phone number sampling frame was introduced into the 2012 survey. Between 2012 and 2019, the mobile phone number sampling frame made up approximately 30% of the sampling frame. From 2021, the survey is solely using a mobile phone number based sampling frame.

The inclusion of mobile phone numbers has substantially increased the Aboriginal sample and this change in design means that the 2012 NSW Population Health Survey estimates reflect both changes that have occurred in the population over time and changes due to the improved design of the survey. With the change of the sampling frame in 2021 to being completely mobile phone based, there has been a further increase in the Aboriginal sample. Consequently, estimates for 2021 will reflect changes in both the population in this time and changes due to the further improved design of the survey.

Estimates were weighted to adjust for differences in the probability of selection among respondents and were benchmarked to the estimated residential population using the latest available Australian Bureau of Statistics mid-year population estimates.

Dimensions/Variables
English speaking countries include: Canada, Ireland, New Zealand, South Africa, United Kingdom and United States.
Local Health Districts (LHDs) are health administrative areas constituted under Section 17 of the NSW Health Services Act 1997 which became effective from January 2011 and were initially called Local Health Networks.
All LHDs includes LHDs where numbers are too low to be individually included, and records where the LHD was missing or not stated.

Albury Local Government Area (LGA) is included in All LHDs.

Primary Health Networks (PHNs) are health administrative areas which represent primary health care organisations in Australia from July 2014.
All PHNs include records where the Primary Health Network is missing or not stated as well as records assigned to the NSW portion of the Murray PHN.
Postal Areas (POAs) were grouped according to the Australian Statistical Geographical Standard (ASGS) remoteness categories on the basis of Accessibility/Remoteness Index for Australia (ARIA version) score. Data prior to 2016 are based on the 2011 ARIA version and data for 2016 and onwards are based on the 2016 ARIA version.
Outer regional and remote includes very remote

Quintiles of socioeconomic status (Index of Relative Socioeconomic Disadvantage) based on the Australian Bureau of Statistics' Socio-Economic Indexes for Areas were allocated based on Postal Area of residence.

Description of Local Health District
Description of Primary Health Network
Description of Remoteness Measures
Description of Socio-Economic Indexes for Areas (SEIFA)

References

Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J, Normand, S-L.T., Manderscheid, R.W., Walters, E.E., Zaslavsky, A.M. (2003). *Screening for serious mental illness in the general population.* Archives of General Psychiatry, 60(2), 184-189.