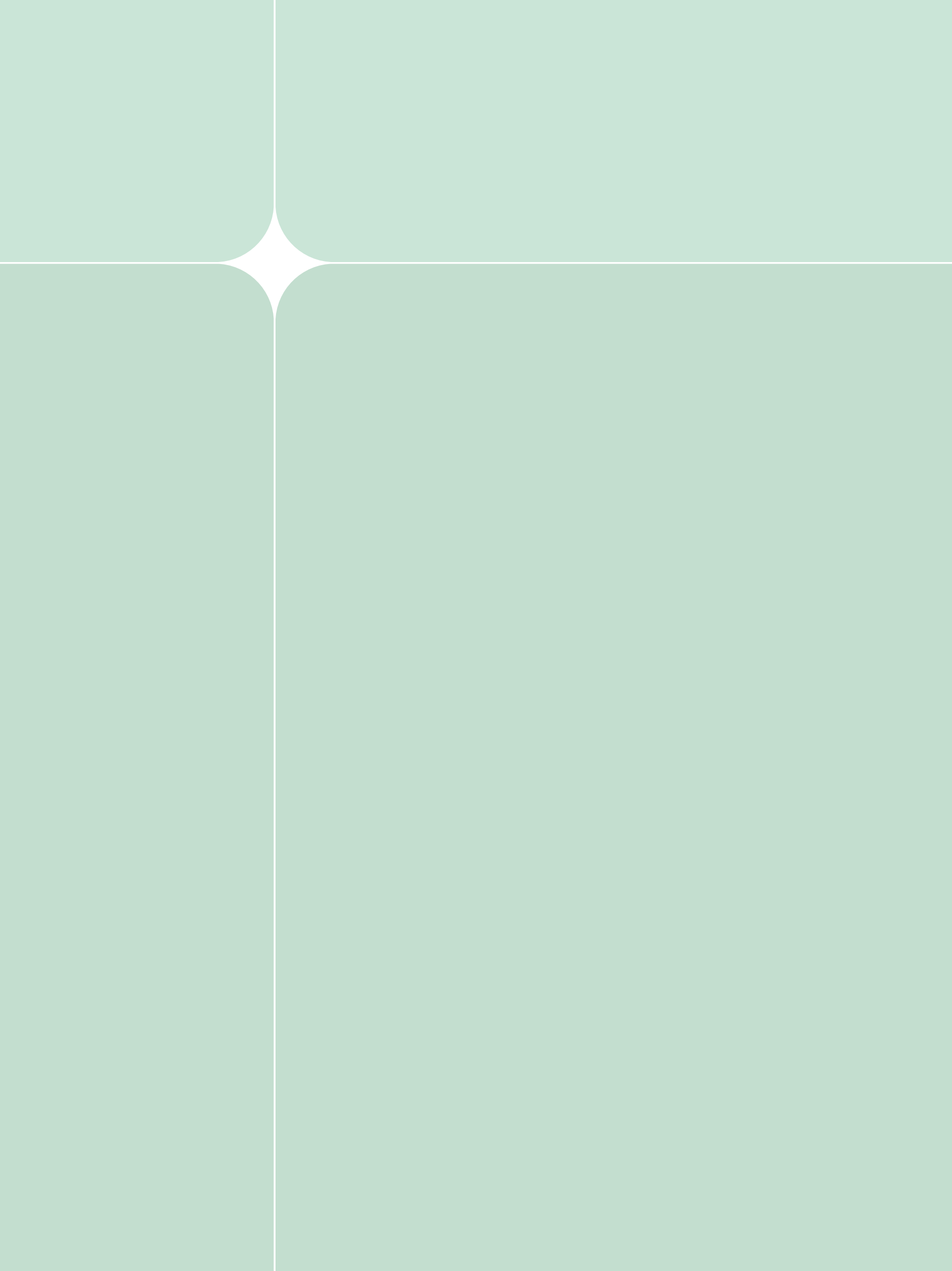


9. Mental health

ALPINE ARARAT BALLARAT BANYULE BASS COAST BAW BAW BAYSIDE BENALLA BOROONDARA BRIMBANK BULOKE CAMPASPE CARDINIA CASEY CENTRAL GOLDFIELDS COLAC-OTWAY CORANGAMITE DAREBIN EAST GIPPSLAND FRANKSTON GANNAWARRA GLEN EIRA GLENELG GOLDEN PLAINS GREATER BENDIGO GREATER DANDENONG GREATER GEELONG GREATER SHEPPARTON HEPBURN HINDMARSH HOBSONS BAY HORSHAM HUME INDIGO KINGSTON KNOX LATROBE LODDON MACEDON RANGES MANNINGHAM MANSFIELD MARIBYRNONG MAROONDAH MELBOURNE MELTON MILDURA MITCHELL MOIRA MONASH MOONEE VALLEY MOORABOOL MORELAND MORNINGTON PENINSULA MOUNT ALEXANDER MOYNE MURRINDINDI NILLUMBIK NORTHERN GRAMPIANS PORT PHILLIP PYRENEES QUEENSCLIFFE SOUTHERN GRAMPIANS SOUTH GIPPSLAND STONNINGTON STRATHBOGIE SURF COAST SWAN HILL TOWONG WANGARATTA WARRNAMBOOL WELLINGTON WEST WIMMERA WHITEHORSE WHITTLESEA WODONGA WYNDHAM YARRA YARRA RANGES YARRIAMBIACK ALPINE ARARAT BALLARAT BANYULE BASS COAST BAW BAW BAYSIDE BENALLA BOROONDARA BRIMBANK BULOKE CAMPASPE CARDINIA CASEY CENTRAL GOLDFIELDS COLAC-OTWAY CORANGAMITE DAREBIN EAST GIPPSLAND FRANKSTON GANNAWARRA GLEN EIRA GLENELG GOLDEN PLAINS GREATER BENDIGO GREATER DANDENONG GREATER GEELONG GREATER SHEPPARTON HEPBURN HINDMARSH HOBSONS BAY HORSHAM HUME INDIGO KINGSTON KNOX LATROBE LODDON MACEDON RANGES MANNINGHAM MANSFIELD MARIBYRNONG MAROONDAH MELBOURNE MELTON MILDURA MITCHELL MOIRA MONASH MOONEE VALLEY MOORABOOL MORELAND MORNINGTON PENINSULA MOUNT ALEXANDER MOYNE MURRINDINDI NILLUMBIK NORTHERN GRAMPIANS PORT PHILLIP PYRENEES QUEENSCLIFFE SOUTHERN GRAMPIANS SOUTH GIPPSLAND STONNINGTON STRATHBOGIE SURF COAST SWAN HILL TOWONG WANGARATTA WARRNAMBOOL WELLINGTON WEST WIMMERA WHITEHORSE WHITTLESEA WODONGA WYNDHAM YARRA YARRA RANGES YARRIAMBIACK ALPINE ARARAT BALLARAT BANYULE BASS COAST BAW BAW BAYSIDE BENALLA BOROONDARA BRIMBANK BULOKE CAMPASPE CARDINIA CASEY CENTRAL GOLDFIELDS COLAC-OTWAY CORANGAMITE DAREBIN EAST GIPPSLAND FRANKSTON GANNAWARRA GLEN EIRA GLENELG GOLDEN PLAINS GREATER BENDIGO GREATER DANDENONG GREATER GEELONG GREATER SHEPPARTON HEPBURN HINDMARSH HOBSONS BAY HORSHAM HUME INDIGO KINGSTON KNOX LATROBE LODDON MACEDON RANGES MANNINGHAM MANSFIELD MARIBYRNONG MAROONDAH MELBOURNE MELTON MILDURA MITCHELL MOIRA MONASH MOONEE VALLEY MOORABOOL MORELAND MORNINGTON PENINSULA MOUNT ALEXANDER MOYNE MURRINDINDI NILLUMBIK NORTHERN GRAMPIANS PORT PHILLIP PYRENEES QUEENSCLIFFE SOUTHERN GRAMPIANS SOUTH GIPPSLAND STONNINGTON STRATHBOGIE SURF COAST SWAN HILL TOWONG WANGARATTA WARRNAMBOOL WELLINGTON WEST WIMMERA WHITEHORSE WHITTLESEA WODONGA WYNDHAM YARRA YARRA RANGES YARRIAMBIACK





9. Mental health

Introduction

WHO defines health as ‘a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity’ (WHO 2013). It reports that more than 450 million people across the world suffer from mental disorders and many more suffer from mental health problems. Mental health includes emotional, psychological and social wellbeing and it affects how we think, feel and act as we cope with life. It also helps determine how we handle stress, relate to others and make choices. Wellbeing, or positive mental health, improves the quality of lives in many ways including: better physical health; faster recovery from illness; fewer limitations in daily life; higher educational attainment; greater likelihood of employment and earnings; and better relationships.

Poor mental health can have a significant negative impact on physical health. There is a significant gap in life expectancy between people with mental illness and those who do not have mental illness (Lawrence, Hancock & Kisely 2013). Researchers have observed that this gap in life expectancy increased in psychiatric patients in Western Australia from 13.5 and 10.4 years in 1985 to 15.9 and 12.0 years in 2005 for males and females, respectively (Lawrence, Hancock & Kisely 2013). Physical disease accounted for 77.7 per cent of excess deaths, including cardiovascular disease (29.9 per cent) and cancer (13.5 per cent), while 13.9 per cent of excess deaths were due to suicide.

The Victorian Population Health Survey collects selected data on mental health disorders and primarily focuses on the affective disorders of depression and anxiety. These disorders were selected as they are the most common mental disorders, with depression being the leading cause of disability in both males and females and, at its worst, leading to suicide (DHS 2005). In Victoria in 2001, suicide was the third highest cause of death in men and 10th highest cause of death in women (DHS 2005). Moreover there is strong and consistent evidence of an association between depression and anxiety and the National Health Priority Area conditions of heart disease, stroke, diabetes, asthma, cancer, arthritis and osteoporosis (Clarke 2009; Clarke & Currie 2009). Depression is also associated with poorer health outcomes in those with physical disease. While depression and anxiety are, for the most part, highly treatable disorders, continuing social stigma about mental illness often prevents people from seeking the help that they need.

The Victorian Population Health Survey also collects data on levels of psychological distress using the Kessler 10 Psychological Distress Scale (K10). Psychological distress is an important risk factor, particularly for affective disorders such as depression and anxiety. The K10 measures the level of psychological distress that an individual has been experiencing in the four weeks prior to completing the K10 scale. Psychological distress can be ameliorated through psychological and/or pharmaceutical intervention and is therefore considered to be potentially modifiable. The data for the measurement of psychological distress are presented in chapter 1.

Survey results

Lifetime prevalence of depression and anxiety

- In 2011–12, 14.7 per cent of men and 25.1 per cent of women reported having ever been diagnosed with depression or anxiety by a doctor.
- The lifetime prevalence of depression and anxiety was higher in men aged 55–64 years and women aged 45–54 years compared with all Victorian men and women. The lifetime prevalence of depression and anxiety increased in women, but not in men, from 2003 to 2011–12.
- There were no differences in the lifetime prevalence of depression and anxiety in men from metropolitan or rural areas of Victoria. By contrast women living in rural Victoria had a higher lifetime prevalence of depression and anxiety compared with their metropolitan counterparts.
- When analysed by gender, there were five LGAs where a higher lifetime prevalence of depression and anxiety was reported among men compared with all Victorian men – Banyule (C), Central Goldfields (S), Mount Alexander (S), Pyrenees (S) and Yarriambiack (S). By contrast a lower lifetime prevalence of depression and anxiety was reported among men in the LGAs of Casey (C) and Horsham (S) compared with all Victorian men.
- Women who lived in the LGAs of Greater Bendigo (C) and Latrobe (S) had a higher lifetime prevalence of depression and anxiety compared with all Victorian women. By contrast there were six LGAs where a lower lifetime prevalence of depression and anxiety was reported in women compared with all Victorian women – Cardinia (S), Corangamite (S), Manningham (C), Monash (C), Moyne (S) and Surf Coast (S).

Sought professional help for a mental health related problem

- Overall, 12.4 per cent of adults had sought professional help for a mental health related problem in the year preceding the survey. This was higher among women compared with men.
- A higher proportion of men aged 35–44 years and women aged 25–44 years sought professional help for a mental health related problem compared with all Victorian men and women, respectively. By contrast the proportion of men aged 65 years or over and women aged 55 years or over who sought professional help for a mental health related problem was lower compared with all Victorian men and women, respectively.
- There was no difference in the proportion of adults who had sought professional help for a mental health related problem between the rural or metropolitan areas of Victoria, or by Department of Health region.
- A higher proportion of adults who had sought professional help for a mental health related problem in the 12 months prior to the survey lived in the LGAs of Mount Alexander (S) and Wellington (S) compared with all Victorian adults. By contrast there was a lower proportion of adults who had sought professional help for a mental health related problem in the LGA of Greater Shepparton (C).

- Overall, 62.2 per cent of people who had sought help, had sought help from their GP, 42.6 per cent had sought help from a 'private counselling service or psychologist', 18.7 per cent had sought help from a private psychiatrist, 3.8 per cent had sought help from a 'community health service', 3.3 per cent had sought help from a 'public mental health community service', 0.6 per cent had sought help from a 'public hospital inpatient service', while 5.9 per cent had sought help from other sources.
- The proportion of men and women who had sought help from a GP or psychologist / counselling service increased between 2005 and 2011–12. By contrast the proportion of men and women who had sought help from a psychiatrist remained unchanged from 2005 to 2011–12.

Lifetime prevalence of depression and anxiety

Respondents were asked if they had ever been diagnosed with depression or anxiety by a doctor. This is a measure of the lifetime prevalence of these two disorders and does not necessarily mean that the respondent was experiencing symptoms at the time of interview. It should be noted that depression and anxiety are two separate conditions; however, the results that are presented in this chapter are a combination of both disorders. Table 9.1 shows the lifetime prevalence of depression and anxiety, by age group and sex. Overall, 14.7 per cent of men and a significantly higher proportion of women (25.1 per cent) had ever been diagnosed with depression or anxiety by a doctor. The lifetime prevalence of depression and anxiety was significantly higher in men aged 55–64 years and women aged 45–54 years compared with all Victorian men and women.

Table 9.1: Lifetime prevalence of depression and anxiety,^a by age group and sex, Victoria, 2011–12

Age group (years)	Males			Females			Persons		
	95% CI			95% CI			95% CI		
	%	LL	UL	%	LL	UL	%	LL	UL
18–24	12.5	9.3	16.5	19.8	15.8	24.6	16.1	13.4	19.1
25–34	12.7	9.9	16.0	28.7	25.5	32.2	20.7	18.4	23.1
35–44	16.4	14.2	18.9	27.0	24.9	29.1	21.8	20.2	23.4
45–54	16.0	14.2	18.1	28.3	26.3	30.3	22.3	20.9	23.7
55–64	18.1	16.3	20.2	26.4	24.5	28.3	22.3	21.0	23.7
65+	12.8	11.4	14.2	20.2	18.8	21.6	16.8	15.8	17.8
Total	14.7	13.7	15.7	25.1	24.0	26.1	20.0	19.2	20.7

a. Self-reported doctor-diagnosed depression or anxiety.

Data are age-specific estimates, except for 'Total', which represent the estimates for Victoria and have been age-standardised to the 2011 Victorian population.

LL/UL 95% CI = lower/upper limit of 95 per cent confidence interval.

Estimates that are (statistically) significantly different to the corresponding estimate for Victoria are identified by colour as follows: **above/below** Victoria.

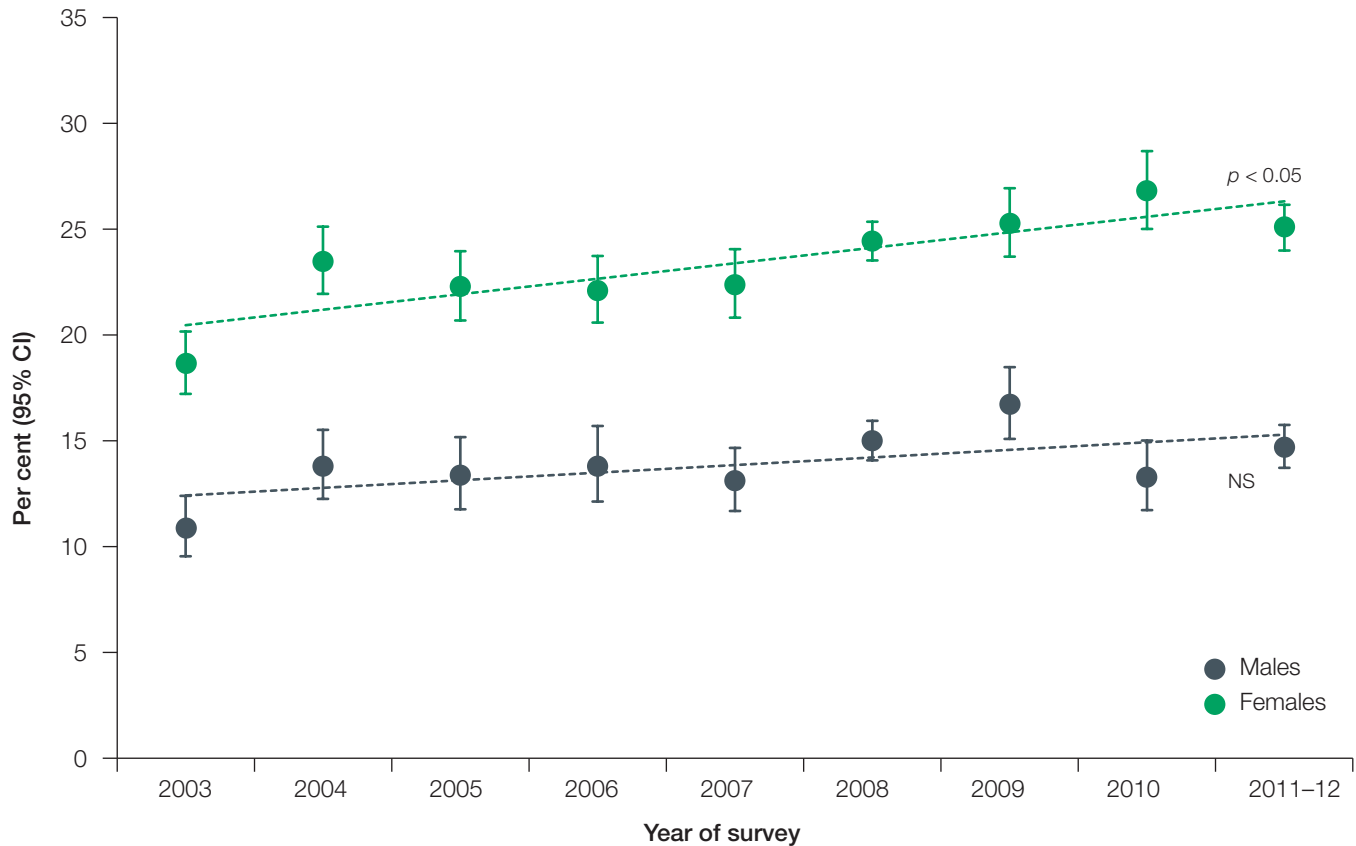
Table 9.2 and Figure 9.1 present the trends over time by sex of the age-adjusted lifetime prevalence of depression and anxiety from 2003 to 2011–12. The lifetime prevalence of depression and anxiety significantly increased in women, but not in men, from 2003 to 2011–12.

Table 9.2: Lifetime prevalence of depression and anxiety^a from 2003 to 2011–12, Victoria

Year	%	Males		%	Females		%	Persons	
		95% CI			95% CI			95% CI	
		LL	UL		LL	UL		LL	UL
2003	10.9	9.5	12.4	18.6	17.2	20.2	14.8	13.8	15.9
2004	13.8	12.2	15.5	23.5	21.9	25.1	18.7	17.6	19.9
2005	13.4	11.8	15.2	22.3	20.7	24.0	17.9	16.7	19.1
2006	13.8	12.1	15.7	22.1	20.6	23.7	18.0	16.8	19.2
2007	13.1	11.7	14.7	22.4	20.8	24.1	17.8	16.7	19.0
2008	15.0	14.1	15.9	24.4	23.5	25.3	19.8	19.1	20.5
2009	16.7	15.1	18.5	25.3	23.7	26.9	21.1	19.9	22.3
2010	13.3	11.7	15.0	26.8	25.0	28.7	20.1	18.9	21.4
2011–12	14.7	13.7	15.7	25.1	24.0	26.1	20.0	19.2	20.7

a. Self-reported doctor-diagnosed depression or anxiety.
Data were age-standardised to the 2011 Victorian population.
LL/UL 95% CI = lower/upper limit of 95 per cent confidence interval.
Ordinary least squares regression was used to test for trends over time.

Figure 9.1: Lifetime prevalence of depression or anxiety^a from 2003 to 2011–12, Victoria



a. Self-reported doctor-diagnosed depression or anxiety.
Data were age-standardised to the 2011 Victorian population.
95% CI = 95 per cent confidence interval; NS = not statistically significant.
Ordinary least squares regression was used to test for trends over time.

Table 9.3 shows the lifetime prevalence of depression and anxiety, by Department of Health region and sex. There were no significant regional differences in men. By contrast women who lived in rural Victoria had a significantly higher lifetime prevalence of depression and anxiety compared with their metropolitan counterparts. Moreover, Gippsland Region had a significantly higher lifetime prevalence of depression and anxiety among women compared with all Victorian women.

Table 9.3: Lifetime prevalence of depression and anxiety,^a by Department of Health region and sex, Victoria, 2011–12

Region	%	Males		%	Females		%	Persons	
		95% CI			95% CI			95% CI	
		LL	UL		LL	UL		LL	UL
Eastern Metropolitan	14.6	12.1	17.5	22.1	19.5	25.0	18.7	16.8	20.7
North & West Metropolitan	14.8	13.1	16.6	24.1	22.4	25.9	19.5	18.3	20.8
Southern Metropolitan	12.8	10.9	14.9	25.9	23.6	28.3	19.5	18.0	21.1
Metropolitan	14.1	13.0	15.4	24.2	22.9	25.4	19.2	18.4	20.1
Barwon-South Western	18.5	13.5	24.7	27.9	23.2	33.2	23.0	19.5	27.0
Gippsland	18.0	14.7	21.7	29.9	26.3	33.7	24.1	21.5	27.0
Grampians	13.2	10.9	16.0	23.7	20.9	26.8	18.6	16.6	20.7
Hume	14.5	11.9	17.6	28.2	25.4	31.2	21.4	19.4	23.6
Loddon Mallee	17.4	13.9	21.6	30.1	25.8	34.8	24.0	20.8	27.7
Rural	16.4	14.6	18.4	28.3	26.3	30.4	22.4	20.9	23.9
Total	14.7	13.7	15.7	25.1	24.0	26.1	20.0	19.2	20.7

a. Self-reported doctor-diagnosed depression or anxiety.

Data were age-standardised to the 2011 Victorian population.

Metropolitan and rural regions are identified by colour as follows: metropolitan/rural.

LL/UL 95% CI = lower/upper limit of 95 per cent confidence interval.

Estimates that are (statistically) significantly different to the corresponding estimate for Victoria are identified by colour as follows: above/below Victoria.

Table 9.4 and Figure 9.2 show the lifetime prevalence of depression and anxiety, by LGA and sex. There were no significant differences in the lifetime prevalence of depression and anxiety in people across the LGAs compared with all Victorian adults. However, when analysed by sex there was a significantly higher lifetime prevalence of depression and anxiety in men who lived in the LGAs of Banyule (C), Central Goldfields (S), Mount Alexander (S), Pyrenees (S) and Yarriambiack (S) compared with all Victorian men. By contrast there was a lower lifetime prevalence of depression and anxiety in men who lived in the LGAs of Casey (C) and Horsham (S).

Women who lived in the LGAs of Greater Bendigo (C) and Latrobe (C) had a significantly higher lifetime prevalence of depression and anxiety compared with all Victorian women. By contrast there was a lower lifetime prevalence of depression and anxiety in women who lived in the LGAs of Cardinia (S), Corangamite (S), Manningham (C), Monash (C), Moyne (S) and Surf Coast (S) compared with all Victorian women.

Table 9.4: Lifetime prevalence of depression and anxiety,^a by LGA and sex, Victoria, 2011–12

LGA	Males			Females			Persons		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Alpine (S)	14.9	10.0	21.8	21.7	14.3	31.5	18.2	14.1	23.0
Ararat (RC)	23.5	14.6	35.4	20.2	15.2	26.2	22.8	16.5	30.5
Ballarat (C)	9.3	5.7	14.8	22.0	16.9	28.1	15.6	12.2	19.6
Banyule (C)	26.1	18.1	36.0	21.6	16.1	28.4	23.5	18.4	29.6
Bass Coast (S)	17.7*	8.9	32.2	26.9	19.7	35.5	22.4	16.1	30.1
Baw Baw (S)	14.9	9.6	22.3	26.2	19.9	33.6	20.7	16.3	26.0
Bayside (C)	11.9*	5.5	23.7	25.5	19.0	33.3	19.6	14.2	26.4
Benalla (RC)	15.2*	8.3	26.4	20.8	15.9	26.7	18.6	13.6	24.8
Boroondara (C)	12.0*	6.7	20.4	22.4	16.1	30.3	17.4	12.7	23.3
Brimbank (C)	11.5	7.2	17.8	22.8	17.3	29.5	17.4	13.6	21.9
Buloke (S)	19.8*	10.5	34.3	22.1	15.4	30.7	21.3	14.9	29.6
Campaspe (S)	18.5	12.5	26.4	21.6	15.4	29.4	19.9	15.5	25.3
Cardinia (S)	14.0	9.2	20.8	17.4	12.9	23.0	15.6	12.2	19.7
Casey (C)	5.5*	3.0	9.6	26.5	20.6	33.3	16.2	12.8	20.3
Central Goldfields (S)	23.2	16.2	32.2	22.4	15.1	31.9	22.2	17.1	28.2
Colac-Otway (S)	20.7	12.7	31.8	30.1	22.5	39.0	25.4	19.5	32.4
Corangamite (S)	17.5*	9.2	30.7	18.3	13.8	23.7	18.7	12.7	26.7
Darebin (C)	16.8	11.3	24.1	24.4	19.3	30.4	20.5	16.7	25.0
East Gippsland (S)	21.8	13.9	32.4	24.6	18.0	32.7	24.0	18.2	31.0
Frankston (C)	15.5	9.9	23.5	27.1	20.6	34.7	21.4	16.9	26.7
Gannawarra (S)	17.6	11.0	26.9	24.7	17.6	33.4	21.5	16.1	28.0
Glen Eira (C)	14.8	9.9	21.5	24.9	16.9	35.0	19.4	14.7	25.2
Glenelg (S)	17.3	12.0	24.3	26.0	16.9	37.9	20.9	15.6	27.2
Golden Plains (S)	19.6*	11.0	32.3	22.9	17.3	29.7	21.0	15.4	27.9
Greater Bendigo (C)	16.1	9.7	25.3	38.9	29.4	49.4	27.7	20.6	36.2
Greater Dandenong (C)	15.2	10.0	22.6	23.3	17.6	30.1	19.2	15.2	24.1
Greater Geelong (C)	17.7	11.5	26.3	30.8	23.3	39.3	24.7	19.3	31.1
Greater Shepparton (C)	12.8	8.0	20.1	26.0	18.7	35.1	19.5	14.7	25.5
Hepburn (S)	19.0*	9.4	34.7	28.7	23.0	35.1	24.7	17.7	33.4
Hindmarsh (S)	13.8	9.0	20.7	25.2	18.9	32.7	19.5	15.2	24.6
Hobsons Bay (C)	12.4	7.9	19.0	24.2	18.0	31.8	18.6	14.4	23.8
Horsham (RC)	7.2	4.5	11.3	33.4	23.2	45.4	19.8	12.5	30.0
Hume (C)	14.4	9.3	21.6	24.1	18.9	30.3	18.9	15.1	23.5
Indigo (S)	9.4	5.8	14.7	29.1	21.4	38.3	19.3	14.7	25.0
Kingston (C)	13.8*	7.9	23.0	27.6	21.0	35.4	20.4	15.6	26.2
Knox (C)	19.2	12.9	27.5	27.8	21.7	34.9	23.6	19.0	28.9
Latrobe (C)	12.8	8.6	18.6	35.7	28.2	43.9	24.1	19.2	29.8
Loddon (S)	18.3	12.4	26.2	25.8	18.6	34.7	22.6	16.8	29.7
Macedon Ranges (S)	13.9*	8.2	22.6	26.0	19.2	34.2	20.3	15.5	26.0
Manningham (C)	11.5*	6.3	20.1	17.3	12.2	23.9	14.7	10.8	19.7
Mansfield (S)	18.3	11.4	28.1	25.3	18.8	33.2	22.1	16.9	28.4
Maribyrnong (C)	18.2	11.4	27.6	23.3	17.6	30.2	20.7	16.0	26.4
Maroondah (C)	13.2	8.1	20.6	26.9	20.4	34.6	20.5	15.9	26.1

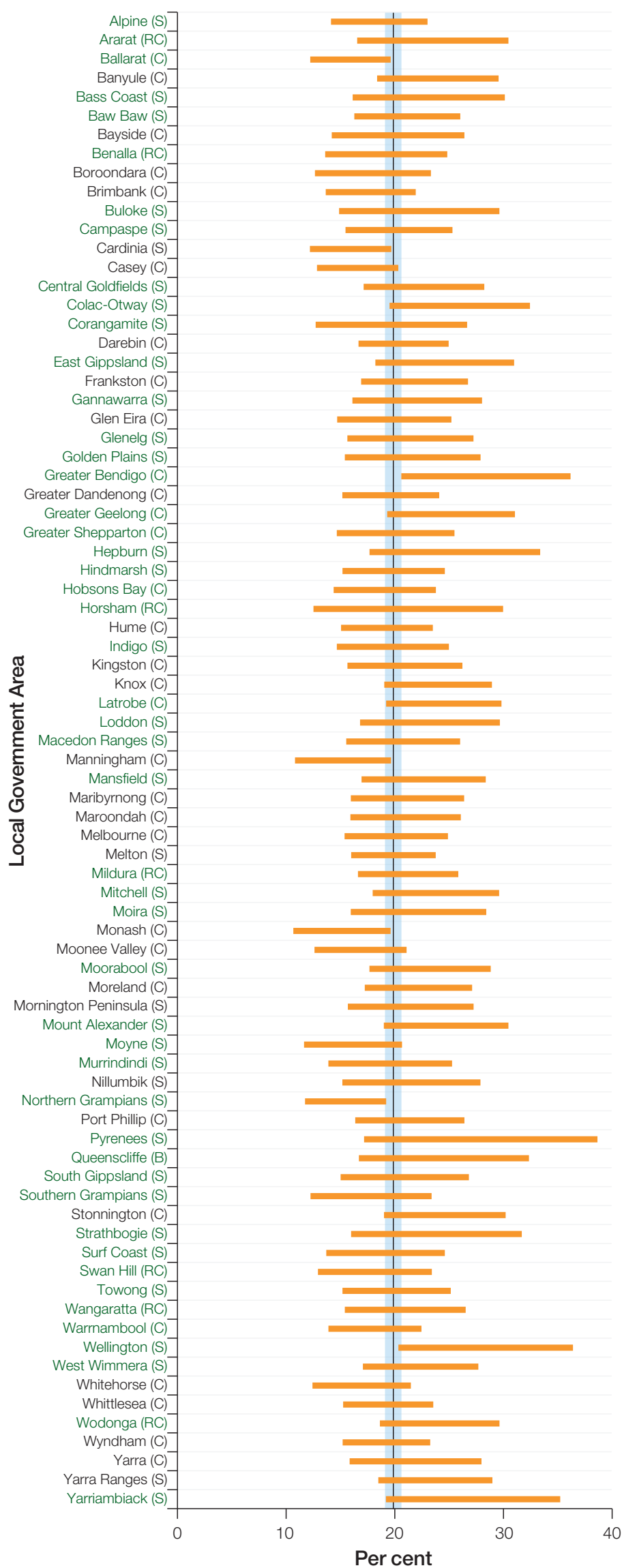
Table 9.4: Lifetime prevalence of depression and anxiety,^a by LGA and sex, Victoria, 2011–12 (continued)

LGA	%	Males 95% CI		%	Females 95% CI		%	Persons 95% CI	
		LL	UL		LL	UL		LL	UL
Melbourne (C)	15.0	9.7	22.3	25.1	18.7	32.8	19.7	15.4	24.9
Melton (S)	11.4	7.5	17.1	28.0	22.6	34.2	19.6	16.0	23.8
Mildura (RC)	12.8*	7.7	20.5	28.2	22.5	34.7	20.9	16.6	25.8
Mitchell (S)	15.5*	9.0	25.4	31.1	23.9	39.3	23.3	18.0	29.6
Moira (S)	10.7*	5.7	19.2	32.1	23.3	42.5	21.5	16.0	28.4
Monash (C)	13.8*	8.3	22.1	15.4	10.6	21.7	14.6	10.7	19.6
Moonee Valley (C)	12.1	7.8	18.2	20.5	14.8	27.7	16.4	12.6	21.1
Moorabool (S)	16.9	11.1	24.9	28.9	21.2	38.1	22.8	17.7	28.8
Moreland (C)	14.7	9.8	21.3	29.4	22.5	37.2	21.8	17.2	27.1
Mornington Peninsula (S)	16.0*	9.4	26.0	25.4	18.2	34.3	20.9	15.7	27.3
Mount Alexander (S)	24.3	16.8	33.8	23.7	17.9	30.7	24.3	19.0	30.5
Moyne (S)	14.2*	8.2	23.5	17.7	13.1	23.4	15.6	11.7	20.7
Murrindindi (S)	17.7	10.6	27.9	20.3	13.9	28.7	18.9	13.9	25.3
Nillumbik (S)	19.4	11.6	30.6	21.4	15.1	29.3	20.8	15.2	27.9
Northern Grampians (S)	9.9	6.4	15.1	20.4	14.7	27.6	15.1	11.7	19.2
Port Phillip (C)	14.3	9.3	21.2	27.5	20.7	35.4	20.9	16.4	26.4
Pyrenees (S)	32.2	19.3	48.5	23.0	16.9	30.4	26.6	17.2	38.7
Queenscliffe (B)	11.5	7.3	17.7	34.2	24.1	46.1	23.6	16.7	32.4
South Gippsland (S)	20.0	12.6	30.3	20.8	14.0	29.7	20.3	15.0	26.8
Southern Grampians (S)	9.1*	5.5	14.7	25.3	17.3	35.4	17.1	12.2	23.4
Stonnington (C)	15.3	9.8	23.0	33.5	25.6	42.4	24.2	19.0	30.2
Strathbogie (S)	17.9*	10.3	29.2	27.8	18.1	40.2	22.9	16.0	31.7
Surf Coast (S)	19.1*	11.0	31.2	18.1	13.7	23.5	18.5	13.7	24.6
Swan Hill (RC)	11.7*	6.1	21.1	23.7	17.2	31.8	17.6	12.9	23.4
Towong (S)	15.8	10.3	23.5	24.5	17.5	33.2	19.7	15.2	25.2
Wangaratta (RC)	13.3*	7.9	21.6	27.0	19.6	35.8	20.4	15.4	26.5
Warrnambool (C)	15.5	10.5	22.3	19.7	14.3	26.6	17.8	13.9	22.5
Wellington (S)	22.8	15.4	32.4	29.5	20.3	40.7	27.7	20.3	36.4
West Wimmera (S)	13.6	8.3	21.5	30.4	23.3	38.7	21.9	17.1	27.7
Whitehorse (C)	10.9	6.7	17.4	20.9	14.5	29.2	16.5	12.4	21.5
Whittlesea (C)	10.8	6.7	17.1	26.9	21.1	33.5	19.1	15.2	23.5
Wodonga (RC)	17.1	10.4	26.8	30.3	23.7	37.9	23.7	18.6	29.6
Wyndham (C)	17.3	12.1	24.2	20.4	15.7	26.2	18.9	15.2	23.3
Yarra (C)	24.1	14.6	37.2	19.0	14.2	24.9	21.3	15.8	28.0
Yarra Ranges (S)	19.9	13.4	28.6	26.1	19.6	33.8	23.3	18.5	29.0
Yarriambiack (S)	25.2	16.6	36.3	29.1	17.1	44.8	26.4	19.2	35.2
Victoria	14.6	13.6	15.6	25.0	23.9	26.1	19.9	19.1	20.6

a. Self-reported doctor-diagnosed depression or anxiety.
Data were age-standardised to the 2011 Victorian population, using 10-year age groups.
Metropolitan and rural LGAs are identified by colour as follows: metropolitan/rural.
LL/UL 95% CI = lower/upper limit of 95 per cent confidence interval.

LGA= Local government area; B = Borough; C = City; S = Shire; RC = Rural City.
Estimates that are (statistically) significantly different to the corresponding estimate for Victoria are identified by colour as follows: **above/below** Victoria.
* Estimate has a relative standard error (RSE) of between 25 and 50 per cent and should be interpreted with caution.

Figure 9.2: Lifetime prevalence of depression and anxiety^a in Victorian adults, by LGA, Victoria, 2011–12



Data were age-standardised to the 2011 Victorian population, using 10-year age groups.

The horizontal bars represent the 95% CI around the estimate for each LGA.

The vertical line on the graph is the Victorian estimate and the vertical column is the 95% CI around the estimate for Victoria.

Metropolitan and rural LGAs are identified by colour as follows: metropolitan/rural.

95% CI = 95 per cent confidence interval; LGA= local government area; B = Borough; C = City; S = Shire; RC = Rural City.

Estimates that are (statistically) significantly different to the corresponding estimate for Victoria are identified by colour as follows: above/below Victoria.

Table 9.5 shows the prevalence of depression and anxiety, by selected socioeconomic determinants, modifiable risk factors and health status.

When compared with all Victorian men and women, a significantly *higher* lifetime prevalence of depression and anxiety was reported among men and women with the following characteristics:

- completed primary education
- unemployed or not in the labour force
- total annual household income less than \$40,000
- moderate, high or very high levels of psychological distress
- current smoker
- fair or poor self-reported health status
- diabetes.

When compared with all Victorian men and women, a significantly *lower* lifetime prevalence of depression and anxiety was reported among men and women with the following characteristics:

- low level of psychological distress
- non-smoker
- excellent or very good self-reported health status.

When compared with all Victorian men, a significantly *higher* lifetime prevalence of depression and anxiety was reported among men with the following characteristic:

- at long-term risk of alcohol-related harm.

When compared with all Victorian men, a significantly *lower* lifetime prevalence of depression and anxiety was reported among men with the following characteristic:

- employed.

When compared with all Victorian women, a significantly *higher* lifetime prevalence of depression and anxiety was reported among women with the following characteristics:

- lived in rural Victoria
- ex-smoker
- obese

When compared with all Victorian women, a significantly *lower* lifetime prevalence of depression and anxiety was reported among women with the following characteristics:

- tertiary educated
- normal weight.

Table 9.5: Lifetime prevalence of depression and anxiety, by selected socioeconomic determinants, modifiable risk factors and health status, and sex, Victoria, 2011–12

		Males			Females		
		95% CI			95% CI		
	%	LL	UL		LL	UL	
Total	14.7	13.7	15.7	25.1	24.0	26.1	
<i>Area of Victoria</i>							
Rural	16.4	14.6	18.4	28.3	26.3	30.4	
Metropolitan	14.1	13.0	15.4	24.2	22.9	25.4	
<i>Education level</i>							
Primary	18.9	16.6	21.5	33.7	30.8	36.8	
Secondary	14.8	13.1	16.6	25.1	23.4	26.9	
Tertiary	12.5	11.0	14.1	21.3	19.7	22.9	
<i>Employment status (age < 65 years)</i>							
Employed	12.3	11.2	13.6	23.5	22.0	25.0	
Unemployed	28.7	22.4	36.0	33.2	27.1	40.0	
Not in labour force	39.4	33.7	45.5	31.8	29.3	34.5	
<i>Total annual household income</i>							
< \$40,000	25.2	21.8	29.1	32.9	30.1	35.8	
\$40,000 to < \$100,000	13.7	12.1	15.4	24.6	22.8	26.6	
≥ \$100,000	12.8	11.0	15.0	21.9	19.6	24.4	
<i>Psychological distress^a</i>							
Low (<16)	8.0	7.1	9.0	14.2	13.1	15.3	
Moderate (16–21)	22.2	19.8	24.8	34.1	31.9	36.4	
High (22–29)	45.5	40.3	50.7	55.6	51.8	59.3	
Very high (≥ 30)	64.8	56.5	72.3	76.1	70.1	81.2	
<i>Physical activity^b</i>							
Sedentary	14.4	10.7	19.1	28.9	23.8	34.7	
Insufficient time and sessions	18.0	15.5	20.7	23.1	21.2	25.1	
Sufficient time and sessions	13.4	12.3	14.5	25.3	24.0	26.7	

a. Based on the Kessler 10 scale for psychological distress.

b. Based on national guidelines (DoHA 1999).

c. Based on National guidelines (NHMRC 2003).

d. Includes those meeting both guidelines

e. Long-term risk of alcohol-related harm refers to the increased risk of developing various cancers, cirrhosis of the liver, cognitive problems and dementia, and alcohol dependence.

f. Based on body mass index (BMI).

Data were age-standardised to the 2011 Victorian population.

LL/UL 95% CI = lower/upper limit of 95 per cent confidence interval.

Estimates that are (statistically) significantly different to the corresponding estimate for Victoria are identified by colour as follows: **above/below** Victoria.

Note that estimates may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses, not reported here.

Table 9.5: Lifetime prevalence of depression and anxiety, by selected socioeconomic determinants, modifiable risk factors and health status, and sex, Victoria, 2011–12 (continued)

		Males			Females		
		95% CI			95% CI		
	%	LL	UL		%	LL	UL
<i>Met fruit / vegetable guidelines ^c</i>							
Both guidelines	12.4	8.5	17.8		26.2	21.8	31.2
Vegetable guidelines ^d	13.9	10.3	18.4		27.3	23.6	31.5
Fruit guidelines ^d	12.4	11.1	13.9		24.3	22.7	25.9
Neither	12.4	8.5	17.8		25.8	24.3	27.3
<i>Long-term risk of alcohol-related harm ^e</i>							
Abstainer	15.2	12.5	18.2		23.6	21.4	25.9
Low risk	14.0	12.9	15.1		25.3	24.1	26.6
Risky or high risk	26.8	21.2	33.3		31.4	25.5	37.9
<i>Smoking status</i>							
Current smoker	22.7	20.2	25.5	35.3	32.3	38.3	
Ex-smoker	15.5	12.9	18.6		33.1	29.3	37.1
Non-smoker	11.2	10.0	12.5	21.0	19.7	22.3	
<i>Self-reported health status</i>							
Excellent / very good	10.3	9.1	11.7	18.9	17.6	20.4	
Good	14.8	13.3	16.4		26.7	25.0	28.5
Fair / poor	26.9	23.6	30.5	41.2	37.7	44.8	
<i>Diabetes status (excluding gestational)</i>							
No diabetes	14.5	13.5	15.5		24.7	23.6	25.8
Diabetes	25.7	20.4	31.7	41.2	33.7	49.2	
<i>Body weight status ^f</i>							
Underweight	24.5	15.0	37.4		24.6	19.5	30.5
Normal	12.9	11.5	14.6	20.3	18.9	21.7	
Overweight	14.3	12.7	16.1		28.5	26.0	31.1
Obese	16.9	14.5	19.6	35.3	31.8	39.0	

a. Based on the Kessler 10 scale for psychological distress.

b. Based on national guidelines (DoHA 1999).

c. Based on National guidelines (NHMRC 2003).

d. Includes those meeting both guidelines

e. Long-term risk of alcohol-related harm refers to the increased risk of developing various cancers, cirrhosis of the liver, cognitive problems and dementia, and alcohol dependence.

f. Based on body mass index (BMI).

Data were age-standardised to the 2011 Victorian population.

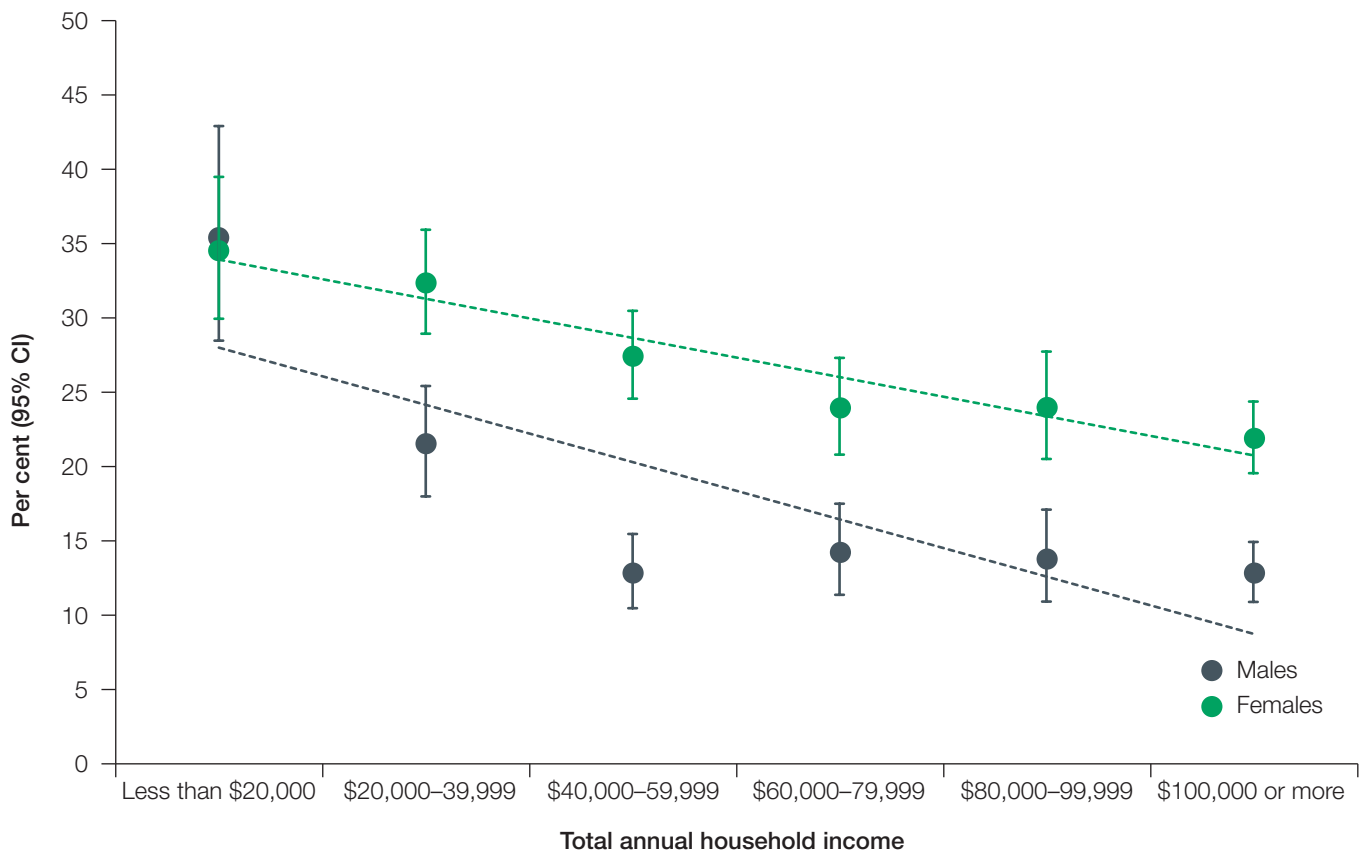
LL/UL 95% CI = lower/upper limit of 95 per cent confidence interval.

Estimates that are (statistically) significantly different to the corresponding estimate for Victoria are identified by colour as follows: **above/below** Victoria.

Note that estimates may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses, not reported here.

The relationship, if any, was investigated between SES and the age-adjusted lifetime prevalence of depression and anxiety in men and women, using total annual household income as a measure of SES (Figure 9.3). The prevalence of depression and anxiety in both men and women significantly decreased with increasing total annual household income.

Figure 9.3: Prevalence of depression or anxiety,^a by total annual household income, Victoria, 2011–12



a. Self-reported doctor-diagnosed depression or anxiety.
Data were age-standardised to the 2011 Victorian population.
95% CI = 95 per cent confidence interval.
Ordinary least squares linear regression was used to test for statistical significance.

Sought professional help for a mental health related problem

Survey respondents were asked 'In the last year, have you sought professional help for a mental health related problem?'. Table 9.6 shows the proportion of men and women who had sought professional help for a mental health related problem in the year prior to the survey, by age group and sex.

Overall, 12.4 per cent of adults had sought professional help for a mental health related problem in the year prior to the survey. This was significantly higher among women (14.9 per cent) compared with men (9.9 per cent).

Significantly higher proportions of younger people sought professional help with men aged 35–44 years and women aged 25–44 years seeking professional help compared with all Victorian men and women, respectively. By contrast the proportion of adults seeking professional help was significantly lower in men aged 65 years or over and women aged 55 years or over compared with all Victorian men and women, respectively.

Table 9.6: Sought professional help for a mental health related problem in previous year, by age group and sex, Victoria, 2011–12

Age group (years)	Males			Females			Persons		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
18–24	12.1	9.0	16.2	17.7	13.7	22.4	14.8	12.2	17.9
25–34	11.1	8.5	14.4	20.5	17.6	23.7	15.8	13.8	18.1
35–44	13.2	11.1	15.5	18.1	16.3	20.0	15.7	14.3	17.1
45–54	9.7	8.1	11.4	15.6	14.0	17.3	12.7	11.6	13.9
55–64	8.8	7.5	10.3	11.7	10.5	13.1	10.3	9.4	11.3
65+	4.3	3.4	5.2	5.9	5.1	6.8	5.2	4.6	5.8
Total	9.9	9.0	10.9	14.9	13.9	15.9	12.4	11.7	13.1

Data are age-specific estimates, except for 'Total', which represent the estimates for Victoria and have been age-standardised to the 2011 Victorian population.

LL/UL 95% CI = lower/upper limit of 95 per cent confidence interval.

Estimates that are (statistically) significantly different to the corresponding estimate for Victoria are identified by colour as follows: **above/below** Victoria.

Table 9.7 shows the proportions of men and women who had sought professional help for a mental health related problem in the 12 months prior to the survey, by Department of Health region. Although higher proportions of women had sought professional help compared with their male counterparts, there were no significant differences between rural or metropolitan Victoria, or by Department of Health region.

Table 9.7: Sought professional help for a mental health related problem in 12 months prior to the survey, by Department of Health region and sex, Victoria, 2011–12

Region		Males			Females			Persons	
		95% CI			95% CI			95% CI	
		%	LL		UL	%		LL	UL
Eastern Metropolitan	11.0	8.6	14.0	14.8	12.4	17.4	13.2	11.4	15.2
North & West Metropolitan	8.8	7.4	10.3	14.6	13.2	16.3	11.7	10.7	12.8
Southern Metropolitan	10.0	8.1	12.4	14.4	12.6	16.5	12.3	10.9	13.8
Metropolitan	9.6	8.6	10.8	14.7	13.6	15.8	12.2	11.4	13.0
Barwon-South Western	14.0	9.4	20.3	16.6	12.5	21.9	15.0	11.8	19.0
Gippsland	11.2	8.3	14.9	16.3	13.2	20.0	13.9	11.6	16.5
Grampians	7.9	5.7	10.8	13.2	10.8	16.0	10.7	8.9	12.8
Hume	9.0	6.7	11.9	14.7	12.7	16.9	11.8	10.3	13.6
Loddon Mallee	10.0	7.2	13.7	16.3	12.6	20.8	13.5	10.8	16.9
Rural	10.6	8.9	12.6	15.8	14.1	17.8	13.2	11.9	14.6
Total	9.9	9.0	10.9	14.9	13.9	15.9	12.4	11.7	13.1

Data were age-standardised to the 2011 Victorian population.

LL/UL 95% CI = lower/upper limit of 95 per cent confidence interval.

Metropolitan and rural regions are identified by colour as follows: metropolitan/rural.

Note that estimates may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses, not reported here.

Table 9.8 shows the proportion of people who had sought professional help for a mental health related problem in the 12 months prior to the survey, by LGA. There were significantly higher proportions of people who had sought professional help for a mental health related problem in the 12 months prior to the survey who lived in the LGAs of Mount Alexander (S) and Wellington (S) compared with all Victorian adults. By contrast there were significantly lower proportions who lived in Greater Shepparton (C).

Table 9.8: Sought professional help for a mental health related problem in 12 months prior to the survey, by LGA, Victoria, 2011–12

LGA	%	Yes 95% CI	
		LL	UL
Alpine (S)	13.4*	7.0	24.2
Ararat (RC)	13.1	7.9	20.8
Ballarat (C)	10.5	7.4	14.6
Banyule (C)	14.5	10.2	20.2
Bass Coast (S)	18.8	12.5	27.4
Baw Baw (S)	10.7	7.5	15.0
Bayside (C)	13.4	8.5	20.5
Benalla (RC)	12.5*	5.9	24.3
Boroondara (C)	16.0	11.1	22.6
Brimbank (C)	9.7	6.9	13.5
Buloke (S)	12.2*	6.8	21.1
Campaspe (S)	11.0	7.3	16.4
Cardinia (S)	10.5	7.5	14.5
Casey (C)	10.6	7.4	14.9
Central Goldfields (S)	8.6	5.3	13.6
Colac-Otway (S)	13.3	8.6	19.9
Corangamite (S)	7.9	5.1	12.0
Darebin (C)	13.7	10.4	17.8
East Gippsland (S)	12.8	8.0	19.8
Frankston (C)	11.0	7.7	15.5
Gannawarra (S)	7.8	5.1	11.9
Glen Eira (C)	13.2	8.9	19.0
Glenelg (S)	10.4*	6.2	16.9
Golden Plains (S)	11.5	7.4	17.4
Greater Bendigo (C)	14.9	9.4	22.9
Greater Dandenong (C)	9.9	6.9	14.1
Greater Geelong (C)	17.0	12.2	23.2
Greater Shepparton (C)	6.4	4.5	9.1
Hepburn (S)	13.6	10.3	17.7
Hindmarsh (S)	8.5	5.6	12.5
Hobsons Bay (C)	13.3	9.4	18.6
Horsham (RC)	13.4*	6.9	24.4
Hume (C)	11.2	8.3	15.1
Indigo (S)	12.4	8.3	18.0
Kingston (C)	10.7	7.4	15.1
Knox (C)	13.5	9.8	18.2
Latrobe (C)	12.1	8.5	17.1
Loddon (S)	13.6	9.4	19.4
Macedon Ranges (S)	11.6	8.0	16.5
Manningham (C)	11.1	7.8	15.6
Mansfield (S)	14.4	8.7	23.0
Maribyrnong (C)	11.2	7.5	16.5
Maroondah (C)	12.3	8.4	17.8
Melbourne (C)	13.7	10.0	18.6
Melton (S)	10.2	7.4	13.9
Mildura (RC)	12.0	8.5	16.8
Mitchell (S)	14.5	10.0	20.6
Moira (S)	8.4	5.5	12.6
Monash (C)	10.5	6.7	16.2
Moonee Valley (C)	10.4	7.0	15.2
Moorabool (S)	9.2	5.9	13.9
Moreland (C)	10.9	7.6	15.4
Mornington Peninsula (S)	14.1	9.7	20.0
Mount Alexander (S)	19.2	14.0	25.7
Moyne (S)	9.4	6.0	14.4
Murrindindi (S)	16.2	10.8	23.6
Nillumbik (S)	11.7	7.4	17.9
Northern Grampians (S)	10.2*	6.0	16.8
Port Phillip (C)	14.8	11.0	19.5
Pyrenees (S)	10.8	7.3	15.8
Queenscliffe (B)	10.6*	6.0	18.1
South Gippsland (S)	9.1	5.8	14.1
Southern Grampians (S)	10.1	6.9	14.5
Stonnington (C)	17.6	12.9	23.5
Strathbogie (S)	14.7*	8.5	24.2
Surf Coast (S)	12.7	8.0	19.6
Swan Hill (RC)	9.3	5.7	14.7
Towong (S)	9.0	6.2	12.9
Wangaratta (RC)	12.4	8.3	18.0
Warrnambool (C)	10.5	7.5	14.5
Wellington (S)	20.5	13.8	29.3
West Wimmera (S)	11.3	7.7	16.2
Whitehorse (C)	11.4	7.3	17.4
Whittlesea (C)	10.1	7.1	14.2
Wodonga (RC)	15.2	11.0	20.8
Wyndham (C)	12.0	8.9	16.1
Yarra (C)	16.4	11.2	23.3
Yarra Ranges (S)	16.5	12.8	21.2
Yarriambiack (S)	8.3	5.8	11.8
Victoria	12.4	11.7	13.1

Data were age-standardised to the 2011 Victorian population, using 10-year age groups.

Metropolitan and rural LGAs are identified by colour as follows: metropolitan/rural.

LL/UL 95% CI = lower/upper limit of 95 per cent confidence interval.

LGA= Local government area; B = Borough; C = City; S = Shire; RC = Rural City.

Estimates that are (statistically) significantly different to the corresponding estimate for Victoria are identified by colour as follows: **above/below** Victoria.

* Estimate has a relative standard error (RSE) of between 25 and 50 per cent and should be interpreted with caution.

Mental health

Sought professional help for a mental health related problem, by type of professional help

Survey respondents who had sought professional help for a mental health related problem were asked from whom they had sought help. Table 9.9 shows their responses, by age group, sex and rurality. The numbers were too small to allow for analysis by Department of Health region or by LGA. Overall, 42.6 per cent of respondents who had sought professional help for a mental health related problem had sought help from a ‘private counselling service or psychologist’, 18.7 per cent had sought help from a private psychiatrist, 3.8 per cent had sought help from a ‘community health service’, another 3.3 per cent had sought help from a ‘public mental health community service’, 0.6 per cent had sought help from a ‘public hospital inpatient service’, while 5.9 per cent had sought help from other sources.

A significantly higher proportion of women aged 18–24 years had sought help from a private counselling service or psychologist compared with all Victorian women. By contrast a significantly lower proportion of men and women aged 65 years or over had sought help compared with all Victorian men and women, respectively.

A significantly higher proportion of women who lived in rural Victoria had sought help from a GP compared with their metropolitan counterparts. By contrast a significantly lower proportion of people aged 18–24 years had sought help from a GP compared with all Victorian adults.

A significantly higher proportion of people aged 18–24 years had sought help from a community health service compared with all Victorian adults. By contrast a significantly lower proportion of men aged 55–64 years had sought help compared with all Victorian men.

Table 9.9: Type of professional help sought for a mental health related problem in 12 months prior to the survey, by age group, sex and area of state, Victoria, 2011–12

Age group (years) and Area of State	Private counselling service / psychologists			General practitioner consultation			Private psychiatrist consultation			Community health service			Public hospital inpatient service			Public mental health community service			Other ^a		
	%	LL	UL	%	LL	UL	%	LL	UL	%	LL	UL	%	LL	UL	%	LL	UL	%	LL	UL
Males																					
18–24	60.2	44.6	74.0	39.5	25.8	55.1	15.5*	7.6	29.3	**	**	**	0.0	-	-	**	**	**	8.8*	3.8	18.8
25–34	44.3	31.6	57.9	56.3	42.3	69.3	24.1*	13.9	38.5	**	**	**	**	**	**	**	**	**	10.5*	4.5	22.5
35–44	42.8	34.3	51.8	58.2	49.0	66.9	20.9	14.5	29.2	4.5*	2.1	9.4	**	**	**	5.7*	2.3	13.3	4.6*	2.2	9.4
45–54	46.1	37.4	55.2	57.9	48.6	66.7	24.3	17.2	33.2	**	**	**	**	**	**	**	**	**	**	**	**
55–64	33.5	26.2	41.6	62.7	54.2	70.4	26.9	20.0	35.1	0.5*	0.2	1.4	**	**	**	2.2*	0.9	5.5	2.3*	1.2	4.4
65+	20.1	13.0	29.8	57.7	47.0	67.7	23.4	15.8	33.3	1.1*	0.4	2.7	**	**	**	**	**	**	7.0*	3.2	14.6
Metropolitan areas	41.5	36.1	47.1	55.3	49.8	60.6	23.5	19.2	28.3	2.0*	0.8	5.0	**	**	**	2.7*	1.4	5.1	6.2	4.1	9.1
Rural areas	40.7	34.3	47.5	57.5	51.0	63.7	19.6	15.1	25.1	6.4*	3.5	11.4	1.0*	0.5	2.0	7.2*	3.5	14.3	6.6*	3.2	13.1
Total	40.5	36.1	45.0	56.2	51.7	60.6	22.4	18.8	26.5	2.7*	1.5	4.8	0.8*	0.4	1.7	3.8*	2.3	6.2	6.2	4.3	8.9
Females																					
18–24	62.2	49.1	73.7	54.7	40.9	67.9	16.1*	7.8	30.5	13.4*	6.0	27.1	0.0	-	-	**	**	**	11.1*	5.3	21.9
25–34	48.6	40.4	56.9	72.5	64.6	79.2	20.8	14.5	29.0	2.5*	1.1	5.6	**	**	**	2.5*	0.9	6.3	6.0*	3.2	11.0
35–44	42.4	37.0	47.9	71.0	66.0	75.5	15.1	11.3	20.0	4.1	2.6	6.4	**	**	**	2.4*	1.1	5.0	6.2	4.1	9.3
45–54	46.5	41.0	52.1	68.5	62.9	73.5	15.4	11.8	19.8	3.7*	2.2	6.2	**	**	**	3.3*	2.0	5.5	2.7*	1.5	5.0
55–64	42.2	36.5	48.1	60.9	55.0	66.6	16.5	12.6	21.4	2.5*	1.3	4.7	**	**	**	4.4*	2.6	7.2	5.8	3.6	9.3
65+	29.0	23.0	35.7	63.2	56.1	69.8	15.5	11.2	21.2	2.3*	1.1	4.7	**	**	**	5.3*	2.7	10.4	4.1*	2.3	7.3
Metropolitan areas	44.1	40.5	47.8	62.7	58.9	66.3	17.3	14.5	20.5	3.8	2.5	5.9	0.5*	0.2	1.1	2.8	1.9	4.1	6.5	4.8	8.8
Rural areas	43.1	39.0	47.4	76.3	72.7	79.5	12.9	9.4	17.4	6.4*	3.8	10.7	0.6*	0.3	1.0	3.4	2.3	5.0	3.6	2.3	5.6
Total	43.8	40.9	46.8	66.3	63.2	69.3	16.1	13.8	18.7	4.5	3.2	6.3	0.5*	0.3	0.9	3.0	2.2	4.0	5.9	4.5	7.6

a. Categories are not mutually exclusive. Estimates of those who sought help at public mental health crisis centres, public or private hospital emergency departments or inpatient services were too unreliable to report and not included in this category.

Data are age-specific estimates, except for metropolitan and rural areas and 'Total', which have been age-standardised to the 2011 Victorian population.

LL/UL 95% CI = lower/upper limit of 95 per cent confidence interval.

Estimates that are (statistically) significantly different to the corresponding estimate for Victoria are identified by colour as follows: **above/below** Victoria.

* Estimate has a relative standard error (RSE) of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a RSE greater than 50 per cent and is not reported as it is unreliable for general use.

Table 9.9: Type of professional help sought for a mental health related problem in 12 months prior to the survey, by age group, sex and area of state, Victoria, 2011–12 (continued)

Age group (years) and Area of State	Private counselling service / psychologists			General practitioner consultation			Private psychiatrist consultation			Community health service			Public hospital inpatient service			Public mental health community service			Other ^a		
	%	LL	UL	%	LL	UL	%	LL	UL	%	LL	UL	%	LL	UL	%	LL	UL	%	LL	UL
Persons																					
18–24	61.4	51.3	70.5	48.4	38.3	58.6	15.9*	9.5	25.4	10.9*	5.5	20.6	0.0	-	-	**	**	**	10.1*	5.8	17.1
25–34	47.1	40.1	54.3	66.8	59.4	73.4	22.0	16.2	29.1	2.5*	1.3	4.9	**	**	**	3.1*	1.4	6.9	7.6*	4.5	12.5
35–44	42.6	37.8	47.5	65.7	60.8	70.3	17.5	13.9	21.8	4.2	2.8	6.4	0.6*	0.2	1.5	3.8*	2.0	6.9	5.6	3.8	8.0
45–54	46.4	41.5	51.2	64.5	59.5	69.2	18.7	15.1	23.0	2.5*	1.5	4.1	0.5*	0.2	1.0	3.1	1.9	4.9	3.1*	1.8	5.4
55–64	38.5	33.9	43.4	61.7	56.8	66.3	20.9	17.1	25.3	1.7*	0.9	3.0	0.8*	0.4	1.8	3.5	2.2	5.4	4.3	2.9	6.5
65+	25.7	20.9	31.1	61.1	55.2	66.8	18.5	14.4	23.5	1.8*	1.0	3.3	1.2*	0.5	2.7	4.6*	2.5	8.3	5.2	3.2	8.4
Metropolitan areas	43.1	40.0	46.2	59.8	56.6	62.9	19.7	17.2	22.3	3.1	2.1	4.6	0.6*	0.3	1.1	2.8	2.0	4.0	6.3	4.9	8.0
Rural areas	41.9	38.2	45.7	68.8	64.4	73.0	16.1	12.8	20.0	6.1	4.0	9.1	0.8	0.5	1.2	4.6*	2.8	7.5	4.6*	2.8	7.6
Total	42.6	40.1	45.1	62.2	59.5	64.8	18.7	16.5	21.0	3.8	2.8	5.0	0.6*	0.4	1.1	3.3	2.5	4.4	5.9	4.7	7.4

a. Categories are not mutually exclusive. Estimates of those who sought help at public mental health crisis centres, public or private hospital emergency departments or inpatient services were too unreliable to report and not included in this category. Data are age-specific estimates, except for metropolitan and rural areas and 'Total', which have been age-standardised to the 2011 Victorian population. LL/UL 95% CI = lower/upper limit of 95 per cent confidence interval.

Estimates that are (statistically) significantly different to the corresponding estimate for Victoria are identified by colour as follows: **above/below** Victoria.

* Estimate has a relative standard error (RSE) of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a RSE greater than 50 per cent and is not reported as it is unreliable for general use.

The trends over time were investigated from 2005 to 2011–12 of people who had sought professional help for a mental health related problem from GPs, psychologists / counselling service and psychiatrists in the 12 months prior to the survey.

The trends over time are presented in Table 9.10 and Figure 9.4. The proportion of men and women who had sought help from a GP or psychologist / counselling service significantly increased between 2005 and 2011–12. By contrast the proportion of men and women who had sought help from a psychiatrist remained unchanged from 2005 to 2011–12.

Table 9.10: Population prevalence of type of health professional sought for a mental health related problem in the 12 months prior to the survey from 2005 to 2011–12, Victoria

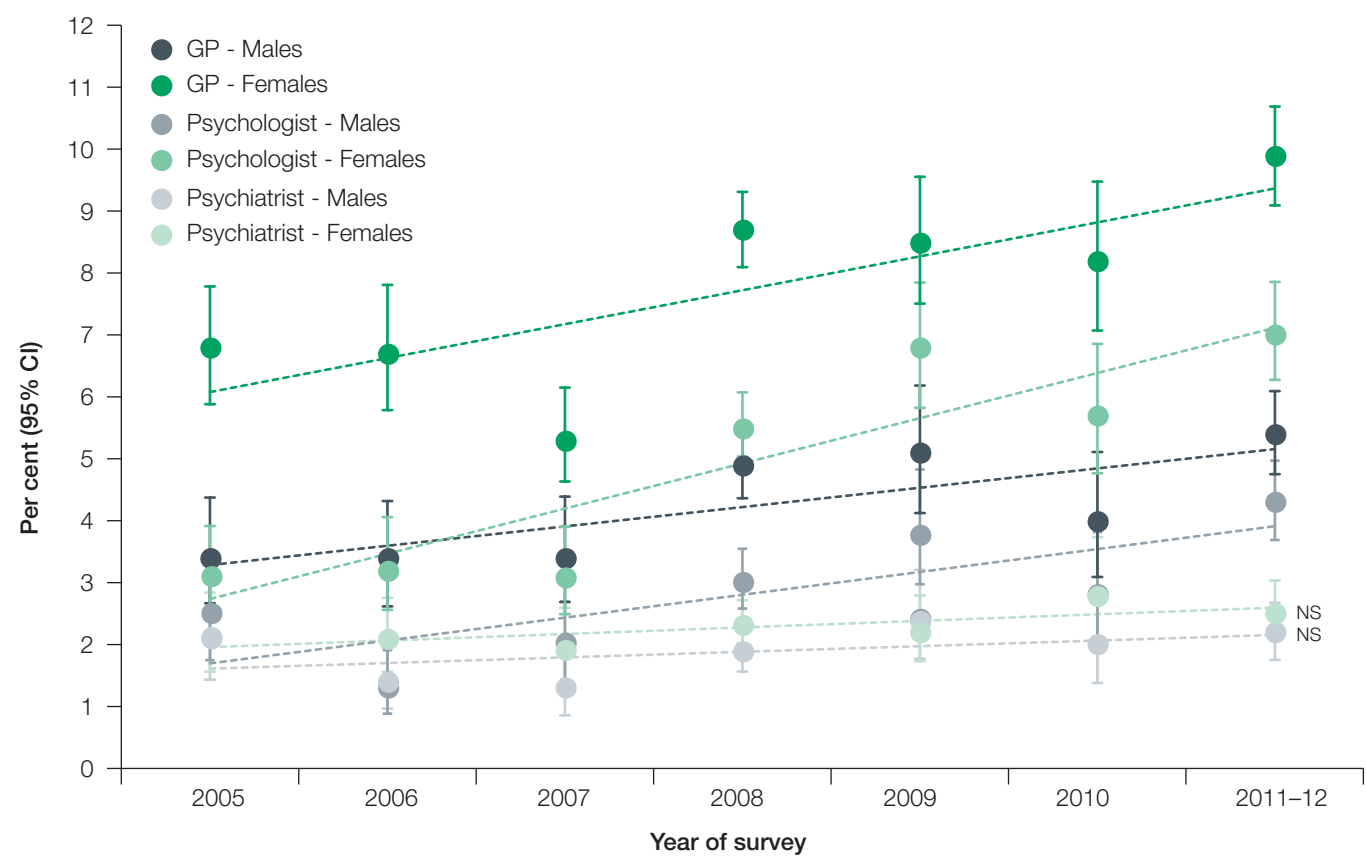
Year	General Practitioner (GP)			Private counselling / Psychologist			Private Psychiatrist		
	%	95% CI		%	95% CI		%	95% CI	
		LL	UL		LL	UL		LL	UL
Males									
2005	3.4	2.7	4.4	2.5	1.8	3.4	2.1	1.4	3.1
2006	3.4	2.6	4.3	1.3	0.9	1.9	1.4	1.0	2.0
2007	3.4	2.7	4.4	2.0	1.4	2.7	1.3	0.9	1.8
2008	4.9	4.4	5.5	3.0	2.6	3.6	1.9	1.6	2.3
2009	5.1	4.1	6.2	3.8	3.0	4.8	2.4	1.8	3.2
2010	4.0	3.1	5.1	2.8	2.1	3.8	2.0	1.4	2.9
2011–12	5.4	4.8	6.1	4.3	3.7	5.0	2.2	1.8	2.7
Females									
2005	6.8	5.9	7.8	3.1	2.4	3.9	2.1	1.6	2.8
2006	6.7	5.8	7.8	3.2	2.6	4.1	2.1	1.6	2.8
2007	5.3	4.6	6.2	3.1	2.5	3.9	1.9	1.4	2.6
2008	8.7	8.1	9.3	5.5	5.0	6.1	2.3	2.0	2.7
2009	8.5	7.5	9.6	6.8	5.8	7.8	2.2	1.7	2.8
2010	8.2	7.1	9.5	5.7	4.8	6.9	2.8	2.1	3.7
2011–12	9.9	9.1	10.7	7.0	6.3	7.9	2.5	2.1	3.0
Persons									
2005	5.1	4.5	5.8	2.8	2.3	3.4	2.1	1.7	2.7
2006	5.0	4.4	5.7	2.3	1.9	2.8	1.7	1.4	2.2
2007	4.4	3.9	5.0	2.6	2.1	3.1	1.6	1.2	2.0
2008	6.8	6.4	7.2	4.3	4.0	4.7	2.1	1.9	2.4
2009	6.8	6.1	7.5	5.3	4.7	6.0	2.3	1.9	2.8
2010	6.1	5.4	6.9	4.3	3.6	5.0	2.4	1.9	3.0
2011–12	7.6	7.1	8.2	5.7	5.2	6.2	2.3	2.0	2.7

Data were age-standardised to the 2011 Victorian population.

LL/UL 95% CI = lower/upper limit of 95 per cent confidence interval.

Ordinary least squares regression was used to test for trends over time.

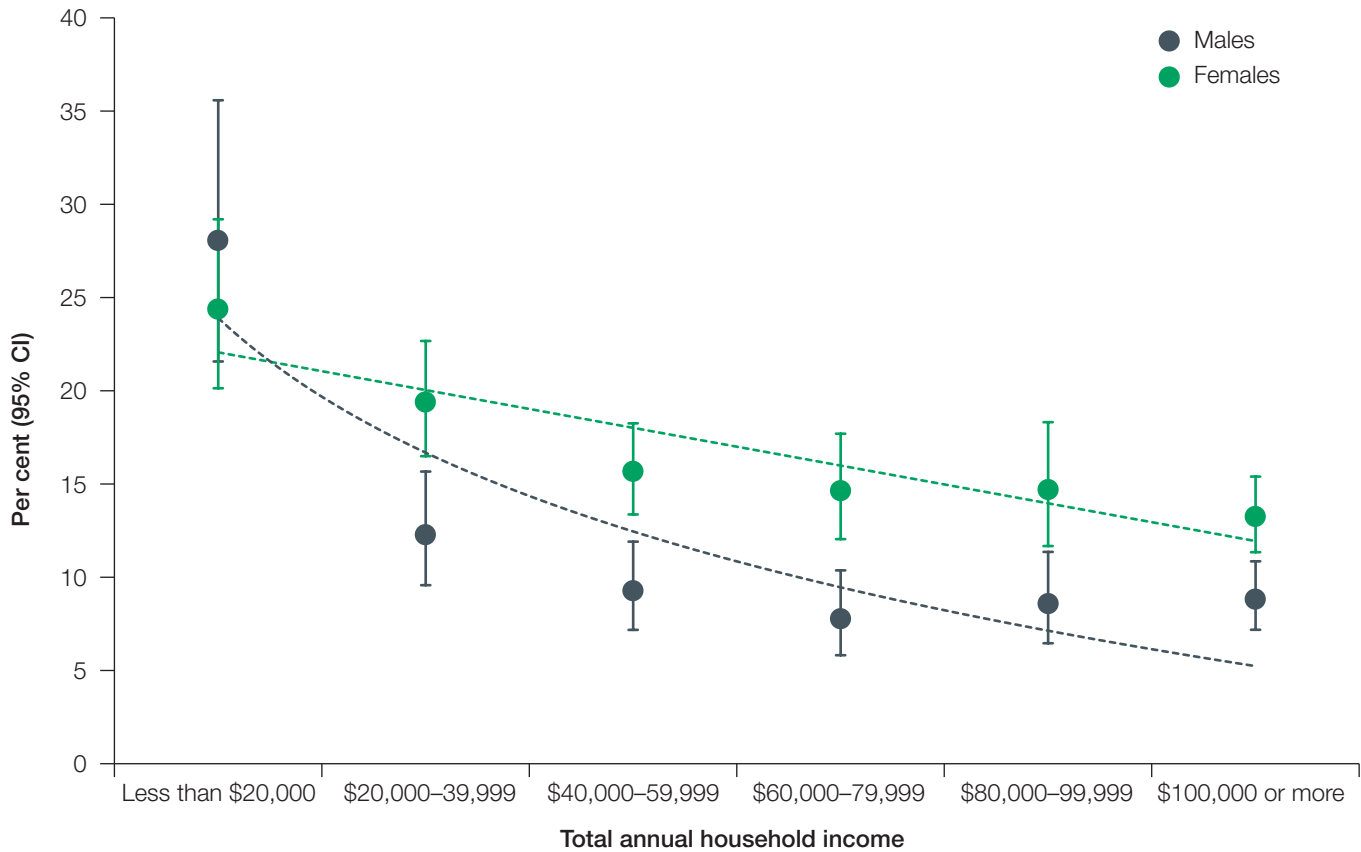
Figure 9.4: Population prevalence of type of health professional sought for a mental health related problem in the 12 months prior to the survey from 2005 to 2011–12, Victoria



Data were age-standardised to the 2011 Victorian population.
 95% CI = 95 per cent confidence interval.
 Ordinary least squares regression was used to test for trends over time.

The relationship was investigated between SES and the age-adjusted proportion of men and women who had sought professional help for a mental health related problem, using total annual household income as a measure of SES (Figure 9.5). The proportion of women, but not men, who had sought professional help for a mental health related problem significantly decreased with increasing total annual household income. It appears that there may have been a non-linear decrease in the proportion of men who had sought professional help for a mental health related problem, by total annual household income. This was confirmed by log transformation of total annual household income, shown in Figure 9.5 (blue trend line). Therefore there is an SES gradient in both men and women whereby the proportion who sought professional help declined with increasing household income.

Figure 9.5: Proportion of men and women who had sought professional help for a mental health problem in the 12 months prior to the survey, by total annual household income, Victoria, 2011–12



Data were age-standardised to the 2011 Victorian population.
 95% CI = 95 per cent confidence interval.
 Ordinary least squares linear regression was used to test for statistical significance.
 Note: The trendline for men is a log-transformed line as the decline was non-linear.

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