

# Mental Health Policy Brief

*Authors: Natalie Townsend and Deborah Loxton. Prepared: February 2019*

## Scope

Mental health conditions, such as depression and anxiety, are very common. They are often associated with physical health problems (comorbidity). The National Mental Health and Suicide Prevention Plan<sup>1</sup> provides a framework for coordinated government programs for prevention and treatment. Data from the Australian Longitudinal Study on Women's Health (ALSWH) can provide evidence to inform these programs. For example, in 2013 an ALSWH Major Report on Mental Health<sup>2</sup> presented the findings up to that date. This brief highlights key findings since the National Women's Health Policy in 2010. Related topics such as violence and abuse, reproductive health, and pregnancy and maternal health are covered in other ALSWH Policy Briefs.

## Research Findings

### Prevalence and trends

- All ALSWH cohorts have completed a general measure of mental health, in which higher scores reflect better health. Women aged 85-97 reported the best mental health (with an average score of 78)<sup>3,4</sup>, followed by women aged 65-70 (average score of 77)<sup>5</sup>, then women aged 37-42 (average score of 72)<sup>6</sup>, and then women aged 22-27 (average score of 63).<sup>7</sup>
- As well as the differences between the cohorts, mental health improved within each cohort over time as the women aged, although a small group of women experienced chronically poor mental health in later life.<sup>6,8</sup>
- Anxiety symptoms were more prevalent than depressive symptoms across the 1973-78, 1946-51 and 1921-26 cohorts.<sup>2</sup>
- Women in the 1989-95 cohort (aged 18-23 in 2013) had the worst mental health of the ALSWH cohorts. Specifically, they reported:

- Higher levels of psychological distress and stress than women in the same age group in 1996, with the women who were younger and those with less than year 12 education indicating the highest distress and stress levels.
- Around half (49%) reported high to very high levels of psychological distress.<sup>9</sup>
- 59% reported feeling that life wasn't worth living at some point in their lives. While this was highest among women with less than year 12 education (78%), 48% of those with a university education also reported suicidal thoughts.<sup>9</sup>
- 45% of women reported ever having self-harmed. Self-harm was more common among women with less than year 12 education, however one third of those with a university education reported self-harm.<sup>9</sup>
- More than one in three women (35%) had been diagnosed with or treated for depression, and 28% had been diagnosed with or treated for anxiety. These diagnoses were most common among women with less than year 12 education, although the prevalence was still high among those with a university education.<sup>9</sup>

### Associated factors

- Experiences of violence, abuse, and bullying in childhood and adulthood were associated with depression, anxiety, suicidal thoughts, and self-harm. More details are provided in the Violence and Abuse Policy Brief.
- Smoking, lower levels of physical activity, excessive alcohol consumption, and not being a healthy weight were associated with poor mental health across the 1973-78, 1946-51 and 1921-26 cohorts.<sup>2,10</sup>
- Among women born in 1973-78, psychological distress was a predictor of subsequently taking up smoking. Smoking was also a predictor of subsequent psychological distress.<sup>11</sup>
- Lower education, income stress, being unemployed, and not having a partner were associated with poor mental health in women born in 1946-51 and 1973-78.<sup>2,10,12</sup>
- Continuing education up to the age of 40 was protective against depressive symptoms.<sup>13</sup>
- Poor social support increased risk of poor mental health, and poor mental health increased risk of poor social support.<sup>2,14</sup>

- Among women born in 1946-51, caring for others was associated with poor mental health.<sup>2</sup>
- Pregnancy loss was associated with poor mental health during subsequent pregnancies.<sup>15</sup>
- Depression was associated with poor quality diet.<sup>16-19</sup>

### Mental health and physical health

- Frequent sleep difficulties were predictive of depression.<sup>17</sup>
- A history of comorbid depression and anxiety was associated with the new onset of heart disease.<sup>18</sup>
- Among middle aged women, depression was found to predict stroke.<sup>19</sup>
- Stress and depression were found to play a role in the onset of arthritis among women born in 1946-51.<sup>10</sup>
- Infertility was associated with depressive symptoms.<sup>20</sup>
- Psychological distress was found to precede and co-occur with diagnoses of polycystic ovary syndrome and endometriosis.<sup>21</sup>
- Depressive symptoms and a history of depression were associated with urinary incontinence among women born in 1973-78.<sup>22</sup>

### Mental health and health service use

- Poor mental health was associated with more GP consultations.<sup>10</sup>
- Uptake of Medical Benefits Schedule items for 'Better Access to Psychiatrists, Psychologists and General Practitioners' for mental health services (the Better Access scheme) increased over time. For women in the 1973-78 cohort, use of these items increased from 5% in 2007 to 11% in 2015. Even for women born in 1989-95, use of these items increased during their teens from 7% in 2009 to 13% in 2012.<sup>10</sup>
- Women with poor mental health living in regional and remote areas were less likely to use Better Access items than women living in metropolitan areas.<sup>23</sup>
- Women with depression were less likely to have sought medical advice for fertility issues.<sup>20</sup>

## Recommendations

- Screening for mental health problems should be routine practice in all clinical settings because of the strong links with unhealthy behaviours, sexual and reproductive issues, and many chronic conditions.
- The high prevalence of mental health problems among young women underscores the importance of the Better Access MBS items. The availability of these items and other mental health support services should be improved for disadvantaged women, especially those living outside major cities.
- Updates of the current National Tobacco Strategy (2012-2018) should continue to recognise the social and health inequalities associated with tobacco use, especially the need to reduce smoking dependence among people with mental health problems.

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